

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000270220

**Entity Name:** LILSOPH LLC

**Current Principal Place of Business:**

1610 SHARPE ST  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

1610 SHARPE ST  
PORT CHARLOTTE, FL 33952

**FEI Number:** 84-3509199

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PRESTON, LEANN  
20313 BACHMANN BLVD  
PORT CHARLOTTE, FL 33954 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            PRESTON, MELISSA  
Address        1610 SHARPE ST  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            AMBR  
Name            PRESTON, LEANN  
Address        20313 BACHMANN BLVD  
City-State-Zip: PORT CHARLOTTE FL 33954

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEANN PRESTON

AMBR

01/13/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date