

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000036894

**Entity Name:** ALYCIA LEPAGE LLC

**Current Principal Place of Business:**

1221 WOODLAWN TERRACE  
CLEARWATER, FL 33755

**Current Mailing Address:**

1221 WOODLAWN TERRACE  
CLEARWATER, FL 33755 US

**FEI Number:** 84-5018617

**Certificate of Status Desired:** No

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

LEPAGE, ALYCIA  
1221 WOODLAWN TERRACE  
CLEARWATER, FL 33755 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	Title	AMBR
Name	LEPAGE, ALYCIA	Name	LEPAGE, SHARON
Address	1221 WOODLAWN TERRACE	Address	396 N. LAKE SHENANDOAH
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	INVERNESS FL 34453

*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:** ALYCIA LEPAGE

**REGISTERED AGENT**

**02/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date