

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000449383

**Entity Name:** LOSGIL LLC

**Current Principal Place of Business:**

3171 PARADOX CIR  
304  
KISSIMMEE, FL 34746

**Current Mailing Address:**

14068 EDEN ISLE BLVD  
WINDERMERE, FL 34786 US

**FEI Number:** 87-3100906

**Certificate of Status Desired:** Yes

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

TAX ACCOUNTING & FINANCIAL SPECIALISTS, LLC  
2295 S. HIAWASSEE RD  
STE 407F  
ORLANDO, FL 32835 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 MGRM  
Name GIL, ERNESTO L  
Address 14068 EDEN ISLE BLVD  
City-State-Zip: WINDERMERE FL 34786

Title MGRM  
Name GIL, BRIAN E  
Address 14068 EDEN ISLE BLVD  
City-State-Zip: WINDERMERE FL 34786

Title MGRM  
Name GIL, ALEXIA L  
Address 14068 EDEN ISLE BLVD  
City-State-Zip: WINDERMERE FL 34786

Title MGRM  
Name GIL, LISSETTE DEL CARMEN  
Address 14068 EDEN ISLE BLVD  
City-State-Zip: WINDERMERE FL 34786

*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:** ERNESTO GIL

MR

03/08/2024

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

\_\_\_\_\_  
Date