

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000333553

**Entity Name:** KATHLEEN A LASCELLES LLC**Current Principal Place of Business:**427 SE 8TH ST  
CAPE CORAL, FL 33990**Current Mailing Address:**427 SE 8TH ST  
CAPE CORAL, FL 33990**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOLOMON & HOOVER CAPS PLLC  
1342 COLONIAL BLVD STE B11  
FORT MYERS, FL 33907 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	KATHLEEN A. LASCELLES TRUST
Address	427 SE 8TH ST
City-State-Zip:	CAPE CORAL FL 33990

Title	MGR
Name	LASCELLES, KATHLEEN A
Address	427 SE 8TH ST
City-State-Zip:	CAPE CORAL FL 33990

Title	MGR
Name	LASCELLES, RONALD F
Address	427 SE 8TH ST
City-State-Zip:	CAPE CORAL FL 33990

*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:** MICHELE M HOOVER

CPA

01/06/2023

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