## 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: APRIL M CARD

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L23000191984 Entity Name: LILLIE'S HOME & GARDEN DECOR LLC

## **Current Principal Place of Business:**

1319 SE COUNTY ROAD 219A HAWTHORNE, FL 32640

# **Current Mailing Address:**

1319 SE COUNTY ROAD 219A HAWTHORNE, FL 32640

### FEI Number: 92-3454634

### Name and Address of Current Registered Agent:

CARD, APRIL 1319 SE COUNTY ROAD 219A HAWTHORNE, FL 32640 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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CARD, APRIL	Name	CARD, EDWARD
Address	1319 SE COUNTY ROAD 219A	Address	1319 SE COUNTY ROAD 219A
City-State-Zip:	HAWTHORNE FL 32640	City-State-Zip:	HAWTHORNE FL 32640

04/29/2024 MGR

5602932585CC

FILED Apr 29, 2024

Secretary of State

Certificate of Status Desired: Yes

Date

Date