

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000321205

**Entity Name:** DILENDRA WEERASINGHE LLC

**Current Principal Place of Business:**

1015 BELLAMARE TRAIL  
TRINITY, FL 34655

**Current Mailing Address:**

70 BARCHAN DUNE RISE  
VICTOR, NY 14564 US

**FEI Number:** 93-2279166

**Certificate of Status Desired:** No

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

WEERASINGHE, DILENDRA  
1015 BELLAMARE TRAIL  
TRINITY, FL 34655 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            WEERASINGHE, DILENDRA  
Address        1015 BELLAMARE TRAIL  
City-State-Zip: TRINITY FL 34655

*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:** DILENDRA WEERASINGHE

AMBR

04/28/2024

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

\_\_\_\_\_ Date