

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000376

**Entity Name:** LAND INVESTMENT SERVICES, LLC

**Current Principal Place of Business:**

2572 WEST STATE ROAD426  
SUITE 2064  
OVIEDO, FL 32765

**FILED**  
**Jan 24, 2024**  
**Secretary of State**  
**1177349083CC**

**Current Mailing Address:**

2572 WEST STATE ROAD426  
SUITE 2064  
OVIEDO, FL 32765 US

**FEI Number: 27-1596321**

**Certificate of Status Desired: Yes**

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

DAGUE, LISA A  
2572 WEST STATE ROAD426  
SUITE 2064  
OVIEDO, FL 32765 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 CASE, ROBERT W  
Address 21430 PALM BEACH BLVD  
City-State-Zip: ALVA FL 33920

Title MGRM  
Name STILWELL, CLARK A  
Address 566 RACHEL CT  
City-State-Zip: OVEIDO FL 32765

Title MGRM  
Name SORBIN, CARLOS J  
Address 4243 BILTMORE RD  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name CHAMBERLAIN, JUSTIN P  
Address 2572 WEST STATE ROAD426  
SUITE 2064  
City-State-Zip: OVIEDO FL 32765

Title VP  
Name HUTTER, HAROLD DANIEL  
Address 2572 WEST STATE ROAD426  
SUITE 2064  
City-State-Zip: OVIEDO FL 32765

*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: CLARK A. STILWELL**

**MANAGING MEMBER**

**01/24/2024**

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

\_\_\_\_\_  
Date