

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000056578

**Entity Name:** LECESE ACQUISITIONS, LLC

**Current Principal Place of Business:**

650 S. NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

650 S. NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 46-2569003

**Certificate of Status Desired:** No

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

LECESE DEVELOPMENT CORPORATION  
650 S. NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 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 MGR  
Name LECESE, SALVADOR  
Address 650 S. NORTHLAKE BLVD, SUITE 450  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR  
Name LECESE, JACQUELINE  
Address 650 S. NORTHLAKE BLVD, SUITE 450  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR  
Name FLYNN, JOHN  
Address 650 S. NORTHLAKE BLVD  
SUITE 450  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** SALVADOR F. LECESE

MGR

02/24/2022

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

\_\_\_\_\_  
Date