

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000182491

**Entity Name:** 900 LILY AVE LLC

**Current Principal Place of Business:**

900 LILY AVE  
HAINES CITY, FL 33844

**Current Mailing Address:**

PO BOX 4877  
HAINES CITY, FL 33845

**FEI Number:** 47-3292400

**Certificate of Status Desired:** Yes

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

ALCALA, ABRAHAM  
902 LILY AVE  
HAINES CITY, FL 33844 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:** ABRAHAM ALCALA

02/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ALCALA, ABRAHAM  
Address PO BOX 4877  
City-State-Zip: HAINES CITY FL 33845

*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:** ABRAHAM ALCALA

MGRM

02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date