

2021 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

04/13/2021

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

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date