

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000188430

**Entity Name:** GHOST 509, LLC

**Current Principal Place of Business:**

429 E TIMBERLANE - OFFICE  
LAKELAND, FL 33801

**Current Mailing Address:**

429 E TIMBERLANE - OFFICE  
LAKELAND, FL 33801

**FEI Number:** 47-2543030

**Certificate of Status Desired:** No

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

FLING, LYLE  
429 E TIMBERLANE - OFFICE  
LAKELAND, FL 33801 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 FLING, LYLE  
Address 429 E TIMBERLANE - OFFICE  
City-State-Zip: LAKELAND FL 33801

*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:** LYLE FLING

**MANAGER**

**03/31/2023**

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

\_\_\_\_\_  
Date