

2021 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

04/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date