

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000081909

**Entity Name:** LILIMER, LLC

**Current Principal Place of Business:**

16445 COLLINS AVE.  
APT 921  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

4468 DOGWOOD CIRCLE  
WESTON, FL 33331 US

**FEI Number:** 47-3974924

**Certificate of Status Desired:** No

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

MED ACCOUNTING SERVICES, LLC  
4468 DOGWOOD CIRCLE  
WESTON, FL 33331 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	AR
Name	DIAZ, MARIA EUGENIA
Address	4468 DOGWOOD CIRCLE
City-State-Zip:	WESTON FL 33331
Title	MGRM
Name	RESTREPO, MARIA EUGENIA
Address	16445 COLLINS AVE. APT 921
City-State-Zip:	SUNNY ISLES FL 33160

Title	MGRM
Name	RESTREPO, LILIANA
Address	16445 COLLINS AVE. APT 921
City-State-Zip:	SUNNY ISLES FL 33160

*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:** LILIANA RESTREPO

**MGRM**

**04/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date