

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000016094

**Entity Name:** LESLIE LOHN LLC

**Current Principal Place of Business:**

1460 SOUTH MCCALL ROAD  
SUITE 2E  
ENGLEWOOD, FL 34223

**FILED**  
**Apr 11, 2024**  
**Secretary of State**  
**1814085452CC**

**Current Mailing Address:**

1460 S, MCCALL ROAD  
SUITE 2E  
ENGLEWOOD, FL 34223 US

**FEI Number:** 81-1259343

**Certificate of Status Desired:** No

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

LOHN, LESLIE R  
1460 S, MCCALL ROAD  
SUITE 2E  
ENGLEWOOD, FL 34223 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 LOHN, LESLIE R  
Address 1460 SOUTH MCCALL ROAD  
SUITE 2E  
City-State-Zip: ENGLEWOOD FL 34223

*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:** LESLIE LOHN

**OWNER**

**04/11/2024**

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

\_\_\_\_\_  
Date