### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: COZETTE LON LILLARD MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

**BOX 181** 

### Name and Address of Current Registered Agent:

LILLARD, COZETTE L 1767 LAKEWOOD RANCH BLVD BOX 181 BRADENTON, FL 34211 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

Authorized	Person(s)	Detail :
------------	-----------	----------

Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	LILLARD, COZETTE L	Name	LILLARD, PATRICK A	
Address	1767 LAKEWOOD RANCH BLVD BOX 181	Address	1767 LAKEWOOD RANCH BLVD BOX 181	
City-State-Zip:	BRADENTON FL 34211	City-State-Zip:	BRADENTON FL 34211	

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

## DOCUMENT# L17000142745

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: COZETTE LON LILLARD, LLC

## **Current Principal Place of Business:**

1767 LAKEWOOD RANCH BLVD BOX 181 BRADENTON, FL 34211

## **Current Mailing Address:**

1767 LAKEWOOD RANCH BLVD BRADENTON, FL 34211 US

## FEI Number: 82-2080285

Certificate of Status Desired: No

FILED Mar 04, 2018 Secretary of State

# CC5262248471

03/04/2018 Date

Date