

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000205524

**FILED**  
**Apr 03, 2019**  
**Secretary of State**  
**9437029352CC**

**Entity Name:** LITL LLC

**Current Principal Place of Business:**

5024 LANDSMAN AVE  
TAMPA, FL 33625

**Current Mailing Address:**

5024 LANDSMAN AVE  
TAMPA, FL 33625 US

**FEI Number:** 83-1702029

**Certificate of Status Desired:** No

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

ACOSTA, PABLO E  
5024 LANDSMAN AVE  
TAMPA, FL 33625 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	Title	MGR
Name	ACOSTA, PABLO E	Name	SANTOS-ACOSTA, LESLYAN
Address	5024 LANDSMAN AVE	Address	5024 LANDSMAN AVE
City-State-Zip:	TAMPA FL 33625	City-State-Zip:	TAMPA FL 33625

*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:** PABLO E. ACOSTA

**MGR**

**04/03/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date