

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000176593

**Entity Name:** 1145 LAUREL DR LLC

**Current Principal Place of Business:**

1020 IONE DR.  
FORT MYERS, FL 33919

**Current Mailing Address:**

1020 IONE DR.  
FORT MYERS, FL 33919

**FEI Number:** 84-5125155

**Certificate of Status Desired:** No

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

COHEN, YISASCHAR  
1020 IONE DR  
FORT MYERS, FL 33919 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 COHEN, YISASCHAR  
Address 1020 IONE DR  
City-State-Zip: FORT MYERS FL 33919

Title MGR  
Name RIASCOS, ROCIO  
Address 1020 IONE DR.  
City-State-Zip: FORT MYERS FL 33919

*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:** YISASCHAR COHEN

**CEO**

**03/28/2022**

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

\_\_\_\_\_  
Date