

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000160965

**Entity Name:** HENLEY ASSET MANAGEMENT,LLC

**Current Principal Place of Business:**

401 WORTH AVENUE  
303  
PLAM BEACH, FL 33480

**Current Mailing Address:**

401 WORTH AVENUE  
303  
PLAM BEACH, FL 33480 US

**FEI Number:** 85-1386727

**Certificate of Status Desired:** Yes

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

LESESNE, CAP  
401 WORTH AVENUE  
303  
PLAM BEACH, FL 33480 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 DR  
Name LESESNE, CAP  
Address 401 WORTH AVENUE  
303  
City-State-Zip: PALM BEACH FL 33480

Title MRS  
Name LESESNE, BRIANA  
Address 401 WORTH AVENUE  
303  
City-State-Zip: PLAM BEACH FL 33480

*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:** CAP LESESNE

**PRINCIPAL**

**02/06/2024**

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

\_\_\_\_\_  
Date