

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000350201

**Entity Name:** LYLI INSURANCE LLC

**Current Principal Place of Business:**

1701 50 TER SW  
NAPLES, FL 34116

**Current Mailing Address:**

1701 50 TER SW  
NAPLES, FL 34116

**FEI Number:** 85-4026062

**Certificate of Status Desired:** No

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

ALVAREZ, LYLIANS  
1701 50 TER SW  
NAPLES, FL 34116 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 ALVAREZ, LYLIANS  
Address 1701 50 TER SW  
City-State-Zip: NAPLES FL 34116

*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:** LYLIANS ALVAREZ

**PRESIDENT**

**03/29/2024**

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

\_\_\_\_\_  
Date