

2023 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: ALVAREZ, LYLIANS

LYLIANS ALVAREZ

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date