

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000356950

**Entity Name:** ESPER LENOX LOUISE LLC

**Current Principal Place of Business:**

6815 BISCAYNE BLVD  
STE 103 #361  
MIAMI, FL 33138

**Current Mailing Address:**

6815 BISCAYNE BLVD  
STE 103 #361  
MIAMI, FL 33138 US

**FEI Number:** 85-3980694

**Certificate of Status Desired:** No

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

WRIGHT, BRIAN  
6815 BISCAYNE BLVD  
STE 103 #361  
MIAMI, FL 33138 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 AMBR  
Name WRIGHT, BRIAN  
Address 6815 BISCAYNE BLVD  
STE 103 #361  
City-State-Zip: MIAMI FL 33138

Title AMBR  
Name TRICHET SANON, BIANCA LOUISE  
Address 6815 BISCAYNE BLVD  
STE 103 #361  
City-State-Zip: MIAMI FL 33138

Title AMBR  
Name WRIGHT, AUDREY  
Address 6815 BISCAYNE BLVD  
STE 103 #361  
City-State-Zip: MIAMI FL 33138

*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:** BRIAN WRIGHT

**AUTHORIZED MEMBER**

**04/21/2024**

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

\_\_\_\_\_  
Date