

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000452126

**Entity Name:** LENID CO., LLC

**Current Principal Place of Business:**

19101 MYSTIC POINTE DRIVE, 1601  
AVENTURA, FL 33180

**Current Mailing Address:**

19101 MYSTIC POINTE DRIVE, 1601  
AVENTURA, FL 33180 US

**FEI Number:** 36-5002140

**Certificate of Status Desired:** No

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

FALCON, GABRIELA  
19101 MYSTIC POINTE DRIVE  
1601  
AVENTURA, FL 33180 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 FALCON, GABRIELA  
Address 19195 MYSTIC POINTE DRIVE  
2203  
City-State-Zip: AVENTURA FL 33180

*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:** GABRIELA C FALCON

MGR

02/01/2024

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

\_\_\_\_\_ Date