

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000456901

Entity Name: SISLYN E. ENTERPRISE LLC

Current Principal Place of Business:

311 N.W 183 TERR
MIAMI, FL 33169

Current Mailing Address:

311 N.W 183 TERR
MIAMI, FL 33169

FEI Number: 87-3195534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASHSTER UNLIMITED LLC
3769 SW 59 AVE
DAVIE, FL 33314 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 | Title | MGR |
| Name | BROWN, DONNA L | Name | BROWN, ROGER |
| Address | 625 BUCKINGHAM TERR | Address | 311 NW 183 TERR |
| City-State-Zip: | FAIRBURN GA 30213 | City-State-Zip: | MIAMI FL 33169 |
| | | | |
| Title | MANAGER | | |
| Name | SANGSTER, RICARDO SHELDON | | |
| Address | 3769 SW 59 AVE | | |
| City-State-Zip: | DAVIE FL 33314 | | |

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: DONNA BROWN

AMBR

03/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date