

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000333553

Entity Name: KATHLEEN A LASCELLES LLC

Current Principal Place of Business:

427 SE 8TH ST
CAPE CORAL, FL 33990

Current Mailing Address:

427 SE 8TH ST
CAPE CORAL, FL 33990

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOLOMON & HOOVER CAPS PLLC
1342 COLONIAL BLVD STE B11
FORT MYERS, FL 33907 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 KATHLEEN A. LASCELLES TRUST
Address 427 SE 8TH ST
City-State-Zip: CAPE CORAL FL 33990

Title MGR
Name LASCELLES, KATHLEEN A
Address 427 SE 8TH ST
City-State-Zip: CAPE CORAL FL 33990

Title MGR
Name LASCELLES, RONALD F
Address 427 SE 8TH ST
City-State-Zip: CAPE CORAL FL 33990

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: KATHLEEN A.LASELLES

MGR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date