

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000044413

**Entity Name:** LEXICON CAREER SERVICES, LLC

**Current Principal Place of Business:**

5160 LAS VERDES CIRCLE  
#324  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5160 LAS VERDES CIRCLE  
#324  
DELRAY BEACH, FL 33484

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LESLIE, KONDAS C  
5160 LAS VERDES CIRCLE  
#324  
DELRAY BEACH, FL 33484 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            LESLIE, KONDAS C  
Address        5160 LAS VERDES CIR #324  
City-State-Zip: DELRAY BEACH FL 33484

Title            AMBR  
Name            JESSE, KONDAS  
Address        5160 LAS VERDES CIR #324  
City-State-Zip: DELRAY BEACH FL 33484

*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:** LESLIE KONDAS

**PRINCIPAL**

**03/07/2024**

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

\_\_\_\_\_  
Date