

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000299604

**Entity Name:** ADAM WAYNE LYLES LLC

**Current Principal Place of Business:**

2424 HWY 182  
JAY, FL 32565

**Current Mailing Address:**

2424 HWY 182  
JAY, FL 32565 US

**FEI Number:** 93-1970214

**Certificate of Status Desired:** No

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

LYLES, ADAM  
2424 HWY 182  
JAY, FL 32565 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            LYLES, ADAM  
Address        2424 HWY 182  
City-State-Zip: JAY FL 32565

*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:** ADAM LYLES

**OWNER**

**04/03/2024**

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

\_\_\_\_\_  
Date