

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000486507

Entity Name: LM WILKINSON, LLC

Current Principal Place of Business:

5239 CLOVER MIST DR
APOLLO BEACH, FL 33572

Current Mailing Address:

5239 CLOVER MIST DR
APOLLO BEACH, FL 33572 US

FEI Number: 93-4166400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801 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 WILKINSON, LISA
Address 5239 CLOVER MIST DR
City-State-Zip: APOLLO BEACH FL 33572

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: LISA WILKINSON

OWNER

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date