## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 321688** 

Entity Name: LOTSPEICH CO. OF FLORIDA, INC.

**Current Principal Place of Business:** 

6351 NORTHWEST 28 WAY

STE A

FT LAUDERDALE, FL 33309

**Current Mailing Address:** 

6351 NORTHWEST 28 WAY

STE A

FT LAUDERDALE, FL 33309 US

FEI Number: 59-1171393 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FEE, MICHAEL W 6351 NORTHWEST 28 WAY STE A

FT LAUDERDALE, FL 33309 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: MICHAEL W. FEE 02/02/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PARTNER** Title

FEE, DAVID Name Name LIGON, JERRY

6351 NORTHWEST 28 WAY 6351 NORTHWEST 28 WAY Address Address

> STE A STE A

City-State-Zip: FT LAUDERDALE FL 33309 City-State-Zip: FT LAUDERDALE FL 33309

Title **PRESIDENT** Title **EVP** 

Name FEE, MICHAEL Name FEE, JEFF

Address 6351 NORTHWEST 28 WAY Address 6351 NW 28TH WAY, SUITE A

STE A City-State-Zip:

City-State-Zip: FT LAUDERDALE FL 33309

Title **CFO** Title EVP

Name NIENHUIS, LUCAS GORDON, ROBERT Name

Address 6351 NORTHWEST 28 WAY 6351 NW 28TH WAY, SUITE A Address

STF A

FORT LAUDERDALE FL 33309

FT LAUDERDALE FL 33309 City-State-Zip: FORT LAUDERDALE FL 33309 City-State-Zip:

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**FILED** Feb 02, 2024

**Secretary of State** 

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