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		
Officer/Director Detail :			
Title	PD	Title	SD
Name	MOHNANI, LAKHI L.	Name	MOHNANI, NEENA L.
Address	2424 LAGUNA DRIVE	Address	2424 LAGUNA DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33316	City-State-Zip:	FORT LAUDERDALE FL 33316
Title	D		
Name	MOHNANI, LAJU L.		
Address	1238 ELEGANTE CT.		

**Current Mailing Address:** 

Entity Name: L.L.M. MANAGEMENT, INC.

**Current Principal Place of Business:** 

2424 LAGUNA DRIVE FORT LAUDERDALE, FL 33316

## FEI Number: 59-2627985

FORT LAUDERDALE, FL 33316

DOCUMENT# H43093

2424 LAGUNA DRIVE

## Name and Address of Current Registered Agent:

MOHNANI, LAKHI L. 2424 LAGUNA DRIVE FT LAUDERDALE, FL 33316 US

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.

SIGNATURE: LAKHI MOHNANI

City-State-Zip: FORT LAUDERDALE FL 33316

PRESIDENT

01/21/2016

Electronic Signature of Signing Officer/Director Detail

## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 21, 2016 Secretary of State CC1071667223

Certificate of Status Desired: No

Date

Date