

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000032752

**Entity Name:** LMG SERVICES, LLC

**Current Principal Place of Business:**

10800 NW 21 ST  
SUITE 150  
MIAMI, FL 33172

**Current Mailing Address:**

10800 NW 21 ST  
SUITE 150  
MIAMI, FL 33172 US

**FEI Number:** 20-1146203

**Certificate of Status Desired:** No

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

ORTEGA, FERNANDO CPA  
10800 NW 21 STREET #150  
DORAL, FL 33172 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 LORET DE MOLA, FERNANDO J  
Address 10800 NW 21ST SUITE 150  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name GASTELUM, MARIA E  
Address 10800 NW 21ST SUITE 150  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name LORET DE MOLA, JULIO A  
Address 10800 NW 21ST SUITE 150  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name LORET DE MOLA, ANA C  
Address 10800 NW 21ST SUITE 150  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name LORET DE MOLA, ANDRES  
Address 10800 NW 21ST SUITE 150  
City-State-Zip: MIAMI FL 33172

*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:** FERNANDO LORET DE MOLA

**MANAGER**

01/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date