

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000075175

**Entity Name:** L.M. LLC

**Current Principal Place of Business:**

19333 COLLINS AVE.  
APT. 1506  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

19333 COLLINS AVE.  
APT. 1506  
SUNNY ISLES, FL 33160

**FEI Number:** 11-3743610

**Certificate of Status Desired:** No

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

STAHL, MICHAEL  
19333 COLLINS AVE.  
APT. 1506  
SUNNY ISLES, FL 33160 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 STAHL, MICHAEL  
Address 19333 COLLINS AVE.  
City-State-Zip: SUNNY ISLES FL 33160

Title MGR  
Name STAHL, LINDA  
Address 19333 COLLINS AVE.  
City-State-Zip: SUNNY ISLES FL 33160

*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:** MICHAEL STAHL

**MGR**

**01/10/2017**

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

\_\_\_\_\_  
Date