

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000102259

Entity Name: LMX PALM BEACH GROUP, LLC**Current Principal Place of Business:**550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134**Current Mailing Address:**550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134**FEI Number:** 46-1050353**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSA ECKSTEIN SCHECHTER, ESQ.
550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134 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	P
Name	STERN, RODOLFO
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	VP, TREASURER
Name	SERVIANSKY, DAVID
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	CFO
Name	CEPERO, VIRGINIA
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	STERN, EDUARDO
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	VP, SECRETARY
Name	HORWITZ, ROBERTO
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	SCHECHTER, ROSA ECKSTEIN
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

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: RODOLFO STERN**PRESIDENT****06/18/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date