| ,                                                                                                                                                      |                                       |                 |                                   |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|-----------------------------------|------------|
| FEI Number: 47-2724338                                                                                                                                 |                                       |                 | Certificate of Status Desired: No |            |
| Name and Address of Current Registered Agent:                                                                                                          |                                       |                 |                                   |            |
| STPIERRE, KAI<br>1160 SOUTH M<br>1ST FLOOR<br>ENGLEWOOD,                                                                                               | CCALL ROAD                            |                 |                                   |            |
| 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                                                                                                                                              | : KAREN STPIERRE                      |                 |                                   | 01/30/2024 |
|                                                                                                                                                        | Electronic Signature of Registered Ag | jent            |                                   | Date       |
| Authorized                                                                                                                                             | Person(s) Detail :                    |                 |                                   |            |
| Title                                                                                                                                                  | AMBR                                  | Title           | AMBR                              |            |
| Name                                                                                                                                                   | GALANTE, ALBERT                       | Name            | GALANTE, GABRIELA                 |            |
| Address                                                                                                                                                | 9 CARLTON CT                          | Address         | 9 CARLTON CT                      |            |
| City-State-Zip:                                                                                                                                        | NEW CITY NY 10956                     | City-State-Zip: | NEW CITY NY 10956                 |            |
|                                                                                                                                                        |                                       |                 |                                   |            |
|                                                                                                                                                        |                                       |                 |                                   |            |
|                                                                                                                                                        |                                       |                 |                                   |            |
|                                                                                                                                                        |                                       |                 |                                   |            |

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: ALBERT GALANTE

Electronic Signature of Signing Authorized Person(s) Detail

# 2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

### DOCUMENT# L14000034307

Entity Name: 18026 LAKEWORTH, LLC

### **Current Principal Place of Business:**

9 CARLTON CT NEW CITY, NY 10956

## **Current Mailing Address:**

9 CARLTON CT NEW CITY, NY 10956 US

01/30/2024

## FILED Jan 30, 2024 **Secretary of State** 4184291951CR

Date