

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000000854

**Entity Name:** M&M LOMBARDO LLC

**Current Principal Place of Business:**

6344 OLD MEDINAH CIRCLE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

6344 OLD MEDINAH CIRCLE  
LAKE WORTH, FL 33463

**FEI Number:** 47-3388515

**Certificate of Status Desired:** No

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

LOMBARDO, MICHAEL  
6344 OLD MEDINAH CIRCLE  
LAKE WORTH, FL 33463 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 LOMBARDO, MICHAEL  
Address 6344 OLD MEDINAH CIRCLE  
City-State-Zip: LAKE WORTH FL 33463

Title MGR  
Name LOMBARDO, MARIA  
Address 6344 OLD MEDINAH CIRCLE  
City-State-Zip: LAKE WORTH FL 33463

Title MGR  
Name LOMBARDO, MICHAEL  
Address 6344 OLD MEDINAH CIRCLE  
City-State-Zip: LAKE WORTH FL 33463

Title MGR  
Name LOMBARDO, MARIA  
Address 6344 OLD MEDINAH CIRCLE  
City-State-Zip: LAKE WORTH FL 33463

*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 LOMBARDO

**OWNER**

**04/12/2019**

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

\_\_\_\_\_  
Date