### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L1500000854

#### 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

# Name and Address of Current Registered Agent:

LOMBARDO, MICHAEL 6344 OLD MEDINAH CIRCLE LAKE WORTH, FL 33463 US

FILED Mar 14, 2024

Secretary of State

3357872241CC

Date

## Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

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

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

MGR

03/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date