

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000024719

**Entity Name:** LOMAX INVEST, LLC

**Current Principal Place of Business:**

1505 LEGENDS BLVD  
UNIT 3  
CHAMPIONSGATE, FL 33896

**Current Mailing Address:**

8297 CHAMPIONSGATE BLVD  
UNIT 200  
CHAMPIONSGATE, FL 33896 US

**FEI Number:** 47-4180886

**Certificate of Status Desired:** No

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

HEXAGON INTERNATIONAL, INC  
8297 CHAMPIONSGATE BLVD  
UNIT 200  
CHAMPIONSGATE, FL 33896 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           MANAGER  
Name           BAUD, MAXENCE  
Address        1505 LEGENDS BLVD.  
City-State-Zip: CHAMPIONSGATE FL 33896

Title           MANAGER  
Name           RIZZO, LAURENCE  
Address        1505 LEGENDS BLVD.  
City-State-Zip: CHAMPIONSGATE FL 33896

Title           MANAGER  
Name           DIVAY, ANTOINE  
Address        1505 LEGENDS BLVD  
                  UNIT 3  
City-State-Zip: CHAMPIONSGATE FL 33896

*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:** BAUD , MAXENCE

**MGR**

**04/19/2024**

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

\_\_\_\_\_  
Date