

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000111854

**Entity Name:** SUCCOFIT LLC

**Current Principal Place of Business:**

5224 NW 94TH DORAL PLACE  
DORAL, FL 33178

**Current Mailing Address:**

5224 NW 94TH DORAL PLACE  
DORAL, FL 33178 US

**FEI Number:** 36-4832082

**Certificate of Status Desired:** No

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

LAMADRID FINANCIAL SERVICES CORP  
1267 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** ALEXIS, LAMADRID

03/09/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SCHOFFEL, STEFANIE  
Address 5224 NW 94TH DORAL PLACE  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name LOPEZ, DAVID  
Address 5224 NW 94TH DORAL PLACE  
City-State-Zip: DORAL FL 33178

*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:** SCHOFFEL, STEFANIE

MGRM

03/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date