

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000114355

**Entity Name:** LM GROUP TRANSPORTATION LLC**Current Principal Place of Business:**1671 SW ALEDO LN  
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**1671 SW ALEDO LN  
PORT SAINT LUCIE, FL 34953 US**FEI Number:** 47-4476835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORENO, JEANETTE BEATRIZ  
1671 SW ALEDO LN  
PORT SAINT LUCIE, FL 34953 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:** JEANETTE BEATRIZ MORENO

04/01/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                          |                 |                           |
|-----------------|--------------------------|-----------------|---------------------------|
| Title           | MGR                      | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | MORENO SUAREZ, LUIS E    | Name            | MORENO, JEANETTE BEATRIZ  |
| Address         | 559 VINCENT AVE<br>2     | Address         | 1671 SW ALEDO LN          |
| City-State-Zip: | BRONX NY 10465           | City-State-Zip: | PORT SAINT LUCIE FL 34953 |
|                 |                          |                 |                           |
| Title           | MANAGER                  |                 |                           |
| Name            | MONICA, MORENO ESMERALDA |                 |                           |
| Address         | 559 VINCENT AVE<br>2     |                 |                           |
| City-State-Zip: | BRONX NY 10465           |                 |                           |

*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:** LUIS ENRIQUE MORENO SUAREZ

MANAGER

04/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date