

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000188061

Entity Name: LAMAIGNERE CARGO USA, LLC

Current Principal Place of Business:

6735 NW 36TH STREET
SUITE 375
MIAMI, FL 33166

Current Mailing Address:

6735 NW 36TH STREET
SUITE 375
MIAMI, FL 33166 US

FEI Number: 32-0478727

Name and Address of Current Registered Agent:

CORNERSTONE TAX AND ACCT.SVCS. CORP
4000 HOLLYWOOD BLVD
SUITE 555-S
HOLLYWOOD, FL 33021 US

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: ROXANA TUMBACO

04/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HERRERO MALDONADO, MARIA CARMEN
Address 6735 NW 36TH STREET SUITE 375
City-State-Zip: MIAMI FL 33166

Title MGRM
Name HERRERO MALDONADO, FRANCISCO
Address 6735 NW 36TH STREET SUITE 375
City-State-Zip: MIAMI FL 33166

Title MGRM
Name LAMAIGNERE CARGO, S.L.
Address AV. REPUBLICA ARGENTINA 21B 1ST FLOOR C1 41011
City-State-Zip: SEVILLA 41011

Title AUTHORIZED REPRESENTATIVE
Name LONGBERRY, CLAUDIA
Address 6735 NW 36TH STREET SUITE 375
City-State-Zip: MIAMI FL 33166

Title AUTHORIZED REPRESENTATIVE
Name GONZALEZ-CARRION LOPEZ, ALVARO
Address 6735 NW 36TH STREET SUITE 375
City-State-Zip: MIAMI FL 33166

Title AUTHORIZED REPRESENTATIVE
Name GARCIA-VALDECASAS GOMEZ, JOAQUIN
Address 6735 NW 36TH STREET SUITE 375
City-State-Zip: MIAMI FL 33166

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: FRANCISCO HERRERO MALDONADO

MGRM

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date