

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000228141

**Entity Name:** MAELORT, LLC

**Current Principal Place of Business:**

9314 FOREST HILL BLVD  
SUITE 98  
WELLINGTON, FL 33411

**Current Mailing Address:**

9314 FOREST HILL BLVD  
SUITE 98  
WELLINGTON, FL 33411

**FEI Number:** 81-4762074

**Certificate of Status Desired:** No

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

LAMORTE, SKYLAN C  
9314 FOREST HILL BLVD  
SUITE 98  
WELLINGTON, FL 33411 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            PRES  
Name            LAMORTE, SKYLAN C  
Address        9314 FOREST HILL BLVD, SUITE 98  
City-State-Zip: WELLINGTON FL 33411

*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:** SKYLAN LAMORTE

**PRES**

**02/05/2022**

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

\_\_\_\_\_  
Date