

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000189190

**Entity Name:** LOCAL STATE & FEDERAL PARTNERS, LLC

**Current Principal Place of Business:**

8150 PONCE DE LEON RD.  
MIAMI, FL 33143

**Current Mailing Address:**

8150 PONCE DE LEON RD.  
MIAMI, FL 33143 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MALOOF, AL  
8150 PONCE DE LEON RD.  
MIAMI, FL 33143 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:** AL MALOOF

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OTHER  
Name MALOOF, AL  
Address 8150 PONCE DE LEON RD.  
City-State-Zip: MIAMI FL 33143

Title AUTHORIZED MEMBER  
Name MALOOF-BERDELLANS, ALBERT  
Address 8150 PONCE DE LEON RD.  
City-State-Zip: MIAMI FL 33143

Title AUTHORIZED MEMBER  
Name MALOOF, RICHARD  
Address 8150 PONCE DE LEON ROAD  
City-State-Zip: MIAMI FL 33143

*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:** AL MALOOF

MMBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date