

2023 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

04/30/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

MGMBR

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date