### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000203256

Entity Name: LMX CAPE HARBOUR GROUP, LLC

#### **Current Principal Place of Business:**

550 BILTMORE WAY STE 1110 CORAL GABLES, FL 33134

## **Current Mailing Address:**

550 BILTMORE WAY STE 1110 CORAL GABLES, FL 33134 US

### FEI Number: 82-2967808

# Name and Address of Current Registered Agent:

SCHECHTER, ROSA ECKSTEIN 550 BILTMORE WAY STE 1110 CORAL GABLES, FL 33134 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

### Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	STERN, RODOLFO	Name	STERN, EDUARDO
Address	550 BILTMORE WAY STE 1110	Address	550 BILTMORE WAY STE 1110
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	MANAGER	Title	MANAGER
Name	SERVIANSKY, DAVID	Name	HORWITZ, ROBERTO
Address	550 BILTMORE WAY STE 1110	Address	550 BILTMORE WAY STE 1110
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	MANAGER	Title	MANAGER
Name	CEPERO, VIRGINIA	Name	SCHECHTER, ROSA ECKSTEIN
Address	550 BILTMORE WAY STE 1110	Address	550 BILTMORE WAY STE 1110
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: RODOLFO STERN

MANAGER

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

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Date