

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000286969

**Entity Name:** WINNER LMJM LLC**Current Principal Place of Business:**330 SUNNY ISLES BOULEVARD  
APT 5-2207  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**330 SUNNY ISLES BOULEVARD  
APT 5-2207  
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CSI RA LLC  
15805 BISCAYNE BLVD STE 201  
AVENTURA, FL 33160 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:** PALOMA DUARTE PINHA

04/29/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	MATTER CULPI, MARILIA
Address	RUA CAMPOS SALES 300 AP 202
City-State-Zip:	CURITIBA PR 80030--230
Title	MBR
Name	MATTER CULPI, JANAINA
Address	RUA ZAMENHOF AP 73
City-State-Zip:	ALTO DA GLORIA PR 80030--230

Title	MBR
Name	CULPI, LEVIR
Address	RUA CAMPOS SALES 300 AP 202
City-State-Zip:	CURITIBA PR 80030--230
Title	MBR
Name	MATTER CULPI, MAYRA
Address	RUA BELEM 280 AP 2201
City-State-Zip:	CURITIBA PR 80035--170

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:** MATTER CULPI , MARILIA

MGR

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date