

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000281609

**Entity Name:** LOSTI LLC

**Current Principal Place of Business:**

10031 PINES BLVD  
228  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

10031 PINES BLVD  
228  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 84-3821151

**Certificate of Status Desired:** No

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

ARGENTAX LLC  
1241 CANARY ISLAND DR  
WESTON, FL 33327 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 MGR  
Name GALANTE, VALERIA  
Address 20000 E COUNTRY CLUB DR, UNIT  
506  
City-State-Zip: AVENTURA FL 33180

*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:** VALERIA GALANTE

MGR

04/28/2023

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

\_\_\_\_\_  
Date