

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000071343

Entity Name: LSI TRUST II, LLC

Current Principal Place of Business:

7975 NW 154TH STREET
SUITE 340
MIAMI LAKES, FL 33016

Current Mailing Address:

7975 NW 154TH ST, STE 340
SUITE 340
MIAMI LAKES, FL 33016 US

FEI Number: 84-5161219

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICE OF MADELIN DIAZ, P.A.
7975 NW 154TH STREET
SUITE 340
MIAMI LAKES, FL 33016 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: MADELIN DIAZ ,ESQUIRE

04/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, AUTHORIZED MEMBER
Name DIAZ, MADELIN
Address 7975 NW 154TH STREET, SUITE 340
City-State-Zip: MIAMI LAKES FL 33016

Title MANAGER, AUTHORIZED MEMBER
Name NEGREIRO, MANUEL
Address 3712 ANACOSTIA PLACE
City-State-Zip: FORT PIERCE FL 34949

Title MANAGER, AMBR
Name VIDAL, LEONARD
Address 495 BRICKELL AVENUE # 2805
City-State-Zip: MIAMI FL 33131

Title MGR
Name HERNANDEZ, ALAIN J
Address 7175 LOS PINO BLVD
City-State-Zip: CORAL GABLES FL 33143

Title MGR
Name HERNANDEZ, MARK
Address PO BOX 558990
City-State-Zip: MIAMI FL 33255

Title MGR
Name MORGAN, THOMAS J. JR.
Address 55 MERRICK WAY SUITE 404
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name SILL, STEVEN
Address 2621 BULRUSH LANE
City-State-Zip: NAPLES FL 34105

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: MADELIN DIAZ

AUTHORIZED MEMBER

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date