

**2023 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

04/28/2023

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

MANAGER

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date