

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000149895

**Entity Name:** LFI DELIVERY LLC

**Current Principal Place of Business:**

9440 ENTERPRISE DRIVE  
MOKENA, IL 60448

**Current Mailing Address:**

9440 ENTERPRISE DRIVE  
MOKENA, IL 60448

**FEI Number: 85-1377334**

**Certificate of Status Desired:** No

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

ROSE, MICHAEL H  
100 LAKESHORE DRIVE  
T52  
NORTH PALM BEACH, FL 33408 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 ROSE, DANIEL A  
Address 9440 ENTERPRISE DRIVE  
City-State-Zip: MOKENA IL 60448

*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: DANIEL ROSE**

**MANAGER**

**02/07/2023**

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

\_\_\_\_\_  
Date