

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000462469

Entity Name: LSI TRUST III, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

FEI Number: 87-3265754

Certificate of Status Desired: No

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

THE LAW OF MADELIN DIAZ, P.A.  
7975 NW 154TH STREET  
SUITE 340  
MIAMI LAKES, FL 33016 US

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**1735846734CC**

*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 MANAGER, AUTHORIZED MEMBER  
Name DIAZ, MADELIN  
Address 7975 NW 154TH ST, STE 340  
City-State-Zip: MIAMI LAKES 33016--584

Title AMBR  
Name NEGREIRO, MANUEL  
Address 7975 NW 154TH STREET  
SUITE 340  
City-State-Zip: MIAMI LAKES FL 33016

Title MGR  
Name NEGREIRO, LORENA  
Address 3711 NE 31ST STREET  
City-State-Zip: LIGHT HOUSE POINT FL 33064

Title MGR  
Name FULLONE, ENZO  
Address 3711 NE 31ST STREET  
City-State-Zip: LIGHT HOUSE POINT FL 33064

Title MGR  
Name RUIDIAZ, ANTHONY  
Address 6915 RED ROAD  
UNIT 221  
City-State-Zip: CORAL GABLES FL 33143

Title MANAGER, AUTHORIZED MEMBER  
Name VIDAL, LEONARD  
Address 495 BRICKELL AVE  
UNIT 2805  
City-State-Zip: MIAMI FL 33131

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

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

**Continues on page 2**

*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

**Authorized Person(s) Detail Continued :**

Title MGR  
Name MORGAN, THOMAS JR  
Address 55 MERRICK WAY  
SUITE 404  
City-State-Zip: CORAL GABLES FL 33135

Title MGR  
Name BARO, ROBERT A  
Address 6915 RED ROAD  
UNIT 221  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name WHITE, NICHOLAS  
Address 425 WATERSEEDGE WAY  
City-State-Zip: MURPHY TX 75094