

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000447448

**Entity Name:** LT WHOLESALE GROUP LLC

**Current Principal Place of Business:**

169 E FLAGLER ST.  
910  
MIAMI, FL 33131

**Current Mailing Address:**

169 E FLAGLER ST.  
910  
MIAMI, FL 33131 US

**FEI Number:** 92-0924035

**Certificate of Status Desired:** No

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

REYES, RAFAEL E  
169 E FLAGLER ST.  
910  
MIAMI, FL 33131 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 P  
Name REYES, RAFAEL  
Address 169 E FLAGLER ST. STE 910  
City-State-Zip: MIAMI FL 33131

*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:** RAFAEL REYES

P

04/21/2024

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

\_\_\_\_\_  
Date