

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000582

Entity Name: LAPALOMA GROUP, L.C.

Current Principal Place of Business:

9200 S MILITARY TRAIL
BOYNTON BEACH, FL 33436

Current Mailing Address:

9200 S MILITARY TRAIL
BOYNTON BEACH, FL 33436

FEI Number: 65-0528969

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RENAUD, LEON
9200 S MILITARY TRIAL #80
BOYNTON BEACH, FL 33436 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: LEON RENAUD

01/11/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RUSSELL, GINETTE
Address 9200 MILITARY TRAIL #024
City-State-Zip: BOYNTON BEACH FL 33436

Title P
Name RENAUD, LEON
Address 9200 S. MILITARY TRAIL #109
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name ST.CYR, JACQUELINE
Address 9200 S MILITARY TRAIL #55
City-State-Zip: BOYNTON BEACH FL 33436

Title T
Name DEMERS, ROGER
Address 9200 S MILITARY TRAIL 143
City-State-Zip: BOYNTON BEACH FL 33436

Title VP
Name RAYNAULD, CLAUDE
Address 9200 S MILITARY TRAIL #058
City-State-Zip: BOYNTON BEACH FL 33436

Title SECRETARY
Name BABIN, MICHEL
Address 9200 S MILITARY TRAIL #218
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name LESSARD, LISE
Address 9200 S MILITARY TRAIL #198
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name GAGNE, MICHEL
Address 9200 S MIITARY TRAIL #120
City-State-Zip: BOYNTON BEACH FL 33436

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: GINETTE RUSSELL

MANAGER

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date