

**2021 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:**

FORCIER, CELINE  
9200 S MILITARY TRIAL  
141  
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:** CELINE FORCIER

01/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name FLORUS, NADEGE  
Address 9200 S MILITARY TRAIL  
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR  
Name LAFRENIERE, LINDA  
Address 9200 S. MILITARY TRAIL  
29  
City-State-Zip: BOYNTON BEACH FL 33436

Title PRESIDENT  
Name FORCIER, CELINE  
Address 9200 S MILITARY TRAIL  
141  
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR  
Name MAINVILLE, BERNARD  
Address 9200 S MILITARY TRAIL  
231  
City-State-Zip: BOYNTON BEACH FL 33436

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

Title SECRETARY  
Name GARAND, GUYLAINE  
Address 9200 S MILITARY TRAIL  
94  
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR  
Name BENOIT, MICHEL  
Address 9200 S MILITARY TRAIL  
10  
City-State-Zip: BOYNTON BEACH FL 33436

Title TREASURER  
Name DEMERS, ROGER  
Address 9200 S MIITARY TRAIL  
143  
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:** NADEGE FLORUS

**AUTHORIZED  
REPRESENTATIVE**

01/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date