

**2019 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

**FILED**  
**Jan 09, 2019**  
**Secretary of State**  
**7260732333CC**

**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:**

ST-CYR, JACQUELINE  
9200 S MILITARY TRIAL#055  
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: JACQUELINE ST-CYR**

**01/09/2019**

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 ROCH, RICHARD  
Address 9200 S. MILITARY TRAIL #125  
City-State-Zip: BOYNTON BEACH FL 33436

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

Title DIRECTOR  
Name DESILETS, FRANCE  
Address 9200 S MILITARY TRAIL #095  
City-State-Zip: BOYNTON BEACH FL 33436

Title VP  
Name RAYNAULD, CLAUDE  
Address 9200 S MILITARY TRAIL #057  
City-State-Zip: BOYNTON BEACH FL 33436

Title SECRETARY  
Name FORCIER, CELINE  
Address 9200 S MILITARY TRAIL #141  
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 TREASURER  
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: NADEGE FLORUS**

**MANAGER**

**01/09/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date