2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L9400000582

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:

LACOSTE, RAYMOND 9200 S MILITARY TRIAL 133

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: RAYMOND LACOSTE 01/12/2024

> Date Electronic Signature of Registered Agent

> > Title

DIRECTOR

196

FILED Jan 12, 2024

Secretary of State

6242181426CC

Date

Authorized Person(s) Detail:

Title **AUTHORIZED REPRESENTATIVE** Title **PRESIDENT**

Name FLORUS, NADEGE Name LACOSTE, RAYMOND Address 9200 S MILITARY TRAIL Address 9200 S. MILITARY TRAIL

133

City-State-Zip: BOYNTON BEACH FL 33436 City-State-Zip: BOYNTON BEACH FL 33436

Title

TREASURER Title Name TOURANGEAU, ANDRE

Name GAGNE, MICHEL

Address 9200 S MILITARY TRAIL Address 9200 S MILITARY TRAIL 125

BOYNTON BEACH FL 33436

City-State-Zip: City-State-Zip: BOYNTON BEACH FL 33436

DIRECTOR Title

RHEAUME, LUC Name PROULX, LOUISE Name

9200 S MILITARY TRAIL Address Address 9200 S MILITARY TRAIL 144

BOYNTON BEACH FL 33436

City-State-Zip: City-State-Zip: BOYNTON BEACH FL 33436

Title **SECRETARY** Title DIRECTOR

ROBERT, MARIE-JOSEE Name

DUPLESSIS, JEAN-LOUIS Name Address 9200 S MILITARY TRAIL

Address 9200 S MIITARY TRAIL 177

BOYNTON BEACH FL 33436

City-State-Zip: BOYNTON BEACH FL 33436 City-State-Zip:

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.

01/12/2024 **AUTHORIZED REP** SIGNATURE: NADEGE FLORUS

Electronic Signature of Signing Authorized Person(s) Detail