

2023 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:

MAINVILLE, BERNARD
9200 S MILITARY TRIAL
231
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: BERNARD MAINVILLE

02/28/2023

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 VICE-PRESIDENT
Name LACOSTE, RAYMOND
Address 9200 S. MILITARY TRAIL
133
City-State-Zip: BOYNTON BEACH FL 33436

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

Title TREASURER
Name GAGNE, MICHEL
Address 9200 S MILITARY TRAIL
120
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name RHEAUME, LUC
Address 9200 S MILITARY TRAIL
144
City-State-Zip: BOYNTON BEACH FL 33436

Title SECRETARY
Name SAVOIE, SYLVIE
Address 9200 S MILITARY TRAIL
136
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name ROBERT, MARIE-JOSEE
Address 9200 S MILITARY TRAIL
177
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name PASCAL, BENOIT
Address 9200 S MIITARY TRAIL
169
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

02/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date