

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002708

**Entity Name:** LFG CAPITAL PARTNERS LLC

**Current Principal Place of Business:**

370 WEST PARK AVE  
LONG BEACH, NY 11561

**Current Mailing Address:**

370 WEST PARK AVE  
LONG BEACH, NY 11561 US

**FEI Number:** 27-4790183

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, PRESIDENT  
Name DELANEY, DAVID P. JR.  
Address 370 WEST PARK AVE.  
City-State-Zip: LONG BEACH NY 11561

Title SEVP  
Name DELANEY, TIMOTHY D  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title TREASURER, SENIOR VICE  
PRESIDENT  
Name O'SULLIVAN, TIMOTHY R.  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title SECRETARY, SENIOR VICE  
PRESIDENT  
Name PETRILLI, JOHN A  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title VP  
Name ORTEGO, SHIRLEY B  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title SVP  
Name REILLY, GAIL  
Address 370 WEST PARK AVE.  
City-State-Zip: LONG BEACH NY 11561

*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:** GAIL W. REILLY

SVP

01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date