

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003329

Entity Name: LPLA PARTNERS, LLC

Current Principal Place of Business:

17895 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17895 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 27-0124295

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
Name TG CO MANAGEMENT, INC.
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CFO, SRVP
Name SHMUELI, OREN
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CONTROLLER
Name GARCIA, JAIR
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER
Name GARCIA, ANDRES
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP, SEC, GC
Name HIRSCH, MARK
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title ASSOC. GENERAL COUNSEL, ASST SEC
Name CAMPOS, JERRY
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AUTHORIZED MEMBER
Name THE ACQUALINA COMPANIES, LLC
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

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: ANDRES GARCIA

TREASURER

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date