

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000006804

**Entity Name:** LS ADMINISTRATION, LLC

**Current Principal Place of Business:**

175 SW 7TH ST  
SUITE 1911  
MIAMI, FL 33130

**Current Mailing Address:**

PO BOX 25250  
PMB 13941  
MIAMI, FL 33102-5250 US

**FEI Number:** 86-1532198

**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           MANAGER, CEO  
Name           DWIN, DAMIEN  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130

Title           MANAGER  
Name           COHEN, SENDER  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130

Title           MANAGER  
Name           VAN AMSON, GEORGE  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130

Title           MANAGER  
Name           WINOKUR, BARTON  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130

Title           MANAGER  
Name           RAINES, FRANK  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130

Title           MANAGER  
Name           FORMAN, MICHAEL  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130

Title           MANAGER  
Name           EDWARDS, MICHAELA  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130

Title           MANAGER  
Name           CAO, HUY  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130

**Continues on page 2**

*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:** ILEANA STONE

**CHIEF COMPLIANCE  
OFFICER**

**04/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           SELIGMANN, PETER  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130

Title           MANAGER  
Name           COOPER, EDITH  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130

Title           AUTHORIZED REPRESENTATIVE, MANAGING  
                  DIRECTOR, CHIEF COMPLIANCE OFFICER  
Name           STONE, ILEANA  
Address        175 SW 7TH ST  
                  SUITE 1911  
City-State-Zip: MIAMI FL 33130