## **2022 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 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:

City-State-Zip:

Address

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 21, 2022

Secretary of State

4556349526CC

Authorized Person(s) Detail:

Title MANAGER, CEO Title MANAGER

DWIN. DAMIEN Name Name COHEN, SENDER

Address 175 SW 7TH ST Address 175 SW 7TH ST

> **SUITE 1911 SUITE 1911**

MIAMI FL 33130 City-State-Zip: MIAMI FL 33130

Title **MANAGER** Title **MANAGER** 

VAN AMSON, GEORGE WINOKUR, BARTON Name Name

175 SW 7TH ST 175 SW 7TH ST Address Address

**SUITE 1911 SUITE 1911** 

MIAMI FL 33130 City-State-Zip: MIAMI FL 33130 City-State-Zip:

Title **MANAGER** Title **MANAGER** 

RAINES, FRANK FORMAN, MICHAEL Name Name

> 175 SW 7TH ST 175 SW 7TH ST Address **SUITE 1911**

**SUITE 1911** 

City-State-Zip: MIAMI FL 33130 City-State-Zip: MIAMI FL 33130

Title **MANAGER** Title **MANAGER** EDWARDS, MICHAELA Name Name CAO, HUY Address 175 SW 7TH ST 175 SW 7TH ST Address

**SUITE 1911 SUITE 1911** 

> MIAMI FL 33130 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.

04/21/2022 SIGNATURE: DAMIEN DWIN MANAGER

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

Title MANAGER Title MANAGER

Name SELIGMANN, PETER Name COOPER, EDITH

Address 175 SW 7TH ST Address 175 SW 7TH ST

SUITE 1911 SUITE 1911

City-State-Zip: MIAMI FL 33130 City-State-Zip: MIAMI FL 33130