

A99 000001021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

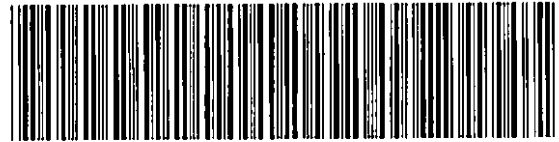
(Business Entity Name)

(Document Number)

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04/03/23--01006--006 \*\*35.00

2023 APR -3 AM 7:45

A. BULLER

APR - 5 2023

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. LGL Realty Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11/1/2022  
Date of filing/registration in Florida
3. A99000001021  
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Charles Gusmano  
Name  
1601 Belvedere Rd Suite S-202  
Address  
West Palm Beach FL 33406  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Charles Lomangino  
Name  
1601 Belvedere Rd. Suite S-202  
Florida street address (P.O. Box not acceptable)  
West Palm Beach FL 33406  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Charles Gusmano  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Charles Lomangino  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LGL Realty, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A99.000001021

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Claudia Pereira  
Contact Person

LGL Realty Ltd.  
Firm/Company

1601 Belvedere Rd. Suite 500  
Address

West Palm Beach, FL 33406  
City, State and Zip Code

dreeves@lgrecycling.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Pereira at ( 561 ) 296-4800  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303