

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90396 028 ***150.00

DOCUMENT # P05000078236

1. Entity Name

LMF MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16950 N. BAY RD #2310

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
SUNNY ISLES, FL

City & State

4. FEI Number
20-2917675

Applied For
Not Applicable

Zip
33160

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

LIZA MARIE FELICIANO

Street Address (P.O. Box Number is Not Acceptable)

16950 N. BAY RD #2310

City

SUNNY ISLES, FL

FL

Zip Code
33160

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LIZA MARIE FELICIANO 16950 N. BAY RD #2310 SUNNY ISLES, FL 33160
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #