

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000056160

**Entity Name:** LIZT LTM CENTER, INC

**Current Principal Place of Business:**

100 NE 15 ST,  
STE 204  
HOMESTEAD, FL 33030

**Current Mailing Address:**

9800 CARIBBEAN BLVD  
CUTLER BAY, FL 33189 US

**FEI Number: 81-3225587**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLLADO, TAMARA  
9800 CARIBBEAN BLVD  
CUTLER BAY, FL 33189 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

**Officer/Director Detail :**

Title DIRECTOR, OWNER

Name COLLADO, TAMARA

Address 9800 CARIBBEAN BLVD

City-State-Zip: CUTLET BAY FL 33189

Title PRESIDENT, COMPTROLLER

Name REMON, PEDRO MIGUEL

Address 9800 CARIBBEAN BLVD

City-State-Zip: CUTLER BAY FL 33189

Title OFFICER

Name REMON COLLADO, KARLA DE LA  
CARIDAD

Address 9800 CARIBBEAN BLVD

City-State-Zip: CUTLER BAY FL 33189

Title V

Name REMON COLLADO, ISABEL MARIA

Address 9800 CARIBBEAN BLVD

City-State-Zip: CUTLER BAY FL 33189

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TAMARA COLLADO**

**OWNER, DIRECTOR**

**02/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date