

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000070251

Entity Name: LM LLOYD FINANCIAL INC**Current Principal Place of Business:**501 POPLAR STREET
INVERNESS, FL 34452**Current Mailing Address:**501 POPLAR STREET
INVERNESS, FL 34452**FEI Number:** 82-2561109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LLOYD, EDWARD V IV
501 POPLAR STREET
INVERNESS, FL 34452 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	CEO
Name	LLOYD, EDWARD V IV
Address	501 POPLAR STREET
City-State-Zip:	INVERNESS FL 34452

Title	VP
Name	MASCIARELLI, LUKE W
Address	128 SE 12TH TERRACE
City-State-Zip:	OCALA FL 34471

Title	SEC
Name	LLOYD, EDWARD V IV
Address	501 POPLAR STREET
City-State-Zip:	INVERNESS FL 34452

Title	TREA
Name	LLOYD, EDWARD V IV
Address	501 POPLAR STREET
City-State-Zip:	INVERNESS FL 34452

Title	D
Name	LLOYD, EDWARD V IV
Address	501 POPLAR STREET
City-State-Zip:	INVERNESS FL 34452

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: EDWARD VERNON LLOYD IV

CEO

04/30/2019

Electronic Signature of Signing Officer/Director Detail_____
Date