

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000022872

**Entity Name:** LT MAIN INC

**Current Principal Place of Business:**

7079 N MAIN ST  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

7079 N MAIN ST  
JACKSONVILLE, FL 32208

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WARDA, IMAD  
7079 N MAIN ST  
JACKSONVILLE, FL 32208 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 P  
Name WARDA, IMAD  
Address 7079 N MAIN ST  
City-State-Zip: JACKSONVILLE FL 32208

Title VP  
Name TAAZIEH, FADEL  
Address 7079 N MAIN ST  
City-State-Zip: JACKSONVILLE FL 32208

Title S  
Name WARDA, RAMI  
Address 7079 N MAIN ST  
City-State-Zip: JACKSONVILLE FL 32208

*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:** FADEL TAAZIEH

VP

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date