

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000032242

**Entity Name:** LMPM USA INC

**Current Principal Place of Business:**

2035 LAKESIDE CENTRE WAY  
SUITE 250  
KNOXVILLE, TN 37922

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**7947311565CC**

**Current Mailing Address:**

2035 LAKESIDE CENTRE WAY  
SUITE 250  
KNOXVILLE, TN 37922 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            STINNETT, LISA  
Address        2035 LAKESIDE CENTRE WAY  
                 SUITE 250  
City-State-Zip: KNOXVILLE TN 37922

Title            CFO  
Name            JAMES, EDWARD  
Address        2035 LAKESIDE CENTRE WAY  
                 SUITE 250  
City-State-Zip: KNOXVILLE TN 37922

Title            COO  
Name            VINGIA, JOHN  
Address        2035 LAKESIDE CENTRE WAY  
                 SUITE 250  
City-State-Zip: KNOXVILLE TN 37922

Title            DIRECTOR  
Name            STINNETT, LISA  
Address        2035 LAKESIDE CENTRE WAY  
                 SUITE 250  
City-State-Zip: KNOXVILLE TN 37922

Title            DIRECTOR  
Name            JAMES, EDWARD  
Address        2035 LAKESIDE CENTRE WAY  
                 SUITE 250  
City-State-Zip: KNOXVILLE TN 37922

Title            DIRECTOR  
Name            VINGIA, JOHN  
Address        2035 LAKESIDE CENTRE WAY  
                 SUITE 250  
City-State-Zip: KNOXVILLE TN 37922

*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: JOHN VINGIA**

**COO**

**04/26/2024**

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

\_\_\_\_\_  
Date