**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 11, 2025**
**Secretary of State**
**4801292740CC**

DOCUMENT# L10000023505

**Entity Name:** LAMEE, LLC.

**Current Principal Place of Business:**

3647 BEACH BOULEVARD
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3647 BEACH BOULEVARD
JACKSONVILLE, FL 32207

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

MCAVOY, KATHRYN D
3647 BEACH BOULEVARD
JACKSONVILLE, FL 32207 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

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGRM | Title | MGR |
| Name | MCAVOY, KATHRYN D | Name | MCAVOY, MICHAEL T |
| Address | 3647 BEACH BOULEVARD | Address | 1115 POPOLEE RD |
| City-State-Zip: | JACKSONVILLE FL 32207 | City-State-Zip: | SAINT JOHNS FL 32259 |

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | KADUM & FAMILY |
| Address | 1115 POPOLEE RD |
| City-State-Zip: | SAINT JOHNS FL 32259 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: MICHAEL THOMAS MCAVOY MGR 04/11/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date