

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000073845

**Entity Name:** P.M.G. ENT LLC

**Current Principal Place of Business:**

5460 NORTH STATE RD 7,  
SUITE 118 AND 119  
FORT LAUDERDALE, FL 33319

**Current Mailing Address:**

7495 W ATLANTIC AVE  
STE 200 UNIT 351  
DELRAY BEACH, FL 33446 US

**FEI Number:** 46-5611961

**Certificate of Status Desired:** Yes

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

TORRES-CRUZ, KIMBERLY  
7495 W ATLANTIC AVE  
STE 200 UNIT 351  
DELRAY BEACH, FL 33446 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:** KIMBERLY TORRES-CRUZ

02/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FRAZIER, LARON H  
Address 1776 POLK ST  
UNIT 1106  
City-State-Zip: HOLLYWOOD FL 33020

Title AUTHORIZED MEMBER  
Name FRAZIER, LASEAN  
Address 413 CAROLINA AVE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title OWNER  
Name JOHNSON, ANTWAUN  
Address 7495 W ATLANTIC AVE  
STE 200 UNIT 351  
City-State-Zip: DELRAY BEACH FL 33446

*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:** ANTWAUN JOHNSON

OWNER

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date