

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000168956

**Entity Name:** LCM PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

7230 NW 114TH AV  
104  
DORAL, FL 33178

**Current Mailing Address:**

7230 NW 114TH AV  
104  
DORAL, FL 33178 US

**FEI Number:** 47-2967099

**Certificate of Status Desired:** No

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

MANRIQUE, LUIS C  
7230 NW 114TH AV  
104  
DORAL, FL 33178 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 AMBR  
Name LUIS CARLOS, MANRIQUE  
Address 7230 NW 114TH AV  
104  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name FERNANDEZ, PATRICIA  
Address 7230 NW 114TH AV  
104  
City-State-Zip: DORAL FL 33178

*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:** LUIS CARLOS MANRIQUE

AMBR

04/17/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date