

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000058589

**Entity Name:** LCM TRANSPORTING LLC

**Current Principal Place of Business:**

2708 E WHY 329  
SPARR, FL 32192

**Current Mailing Address:**

P.O. BOX 383  
SPARR, FL 32192 US

**FEI Number:** 81-4338315

**Certificate of Status Desired:** No

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

COHEN, LOUVENIA  
2708 E HWY 329  
SPARR, FL 32192 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:** LOUVENIA COHEN

02/11/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNER, MGR  
Name            COHEN, LOUVENIA  
Address        P.O. BOX 383  
City-State-Zip: SPARR FL 32192

*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:** LOUVENIA COHEN

OWNER/MANAGER

02/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date