

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000244791

Entity Name: HECTOR LERMA, LLC

Current Principal Place of Business:

4824 VIA BARI
#2208
LAKE WORTH, FL 33463

Current Mailing Address:

4824 VIA BARI
#2208
LAKE WORTH, FL 33463 US

FEI Number: 85-2383982

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, TOM
1020 SW COLEMAN AVE
PORT ST LUCIE, FL 34953 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 LERMA, HECTOR
Address 1601-1 N MAIN ST #3159
City-State-Zip: JACKSONVILLE FL 32206

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: HECTOR LERMA

MEMBER

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date