

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000249780

**Entity Name:** 7450 LHM LLC

**Current Principal Place of Business:**

7450 CRILL AVE  
PALATKA, FL 32177

**Current Mailing Address:**

84050 PAPELON WAY  
JACKSONVILLE, FL 32217

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SAFAR, LOAI  
84050 PAPELON WAY  
JACKSONVILLE, FL 32217 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:** LOAI SAFAR

02/12/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SAFAR, LOAI  
Address 84050 PAPELON WAY  
City-State-Zip: JACKSONVILLE FL 32217

Title AMBR  
Name SAFAR, HANI  
Address 84050 PAPELON WAY  
City-State-Zip: JACKSONVILLE FL 32217

*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:** LOAI SAFAR

MEMBER

02/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date