

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000325641

**Entity Name:** LIA MART LLC

**Current Principal Place of Business:**

402 WINDBOURNE WAY  
HAINES CITY, FL, FL 33844

**Current Mailing Address:**

402 WINDBOURNE WAY  
HAINES CITY, FL, FL 33844 US

**FEI Number:** 87-4398893

**Certificate of Status Desired:** Yes

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

MARTINEZ, IVONNE  
402 WINDBOURNE WAY  
HAINES CITY, FL 33844 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	MGR	Title	MANAGER
Name	CARRASQUILLO, GISELLE	Name	MARTINEZ MARTI, LUIS ENRIQUE
Address	402 WINDBOURNE WAY	Address	402 WINDBOURNE WAY
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY, FL FL 33844

*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:** GISELLE CARRASQUILLO

MGR

04/17/2024

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

\_\_\_\_\_ Date