

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001424

Entity Name: LO-CHLOR, LLC**Current Principal Place of Business:**5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309**Current Mailing Address:**5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309 US**FEI Number:** 65-0853031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENT, WILLIAM A
5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309 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 MANAGER
Name KENT, WILLIAM A
Address 5755 POWERLINE ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title MANAGER
Name GOLDSTEIN, DARREN
Address 5755 POWERLINE ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title MANAGER
Name DOOLEY, MICHAEL
Address 5755 POWERLINE RD
City-State-Zip: FORT LAUDERDALE FL 33309

Title MANAGER
Name DETWILER, DON
Address 5755 POWERLINE ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title MANAGER
Name BARADEL, LESLEY
Address 4715 MILBROOK DRIVE NW
City-State-Zip: ATLANTA GA 30327

Title MANAGER
Name WALLICK, GREGG
Address 1600 NE 12TH TERRACE
City-State-Zip: FORT LAUDERDALE FL 33305

Title MANAGER
Name KULSTAD, ROBERT
Address 5755 POWERLINE ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

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: MICHAEL DOOLEY**MANAGER****03/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date