

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000352218

**Entity Name:** LWM RESTAURANT CONSULTING GROUP, LLC

**Current Principal Place of Business:**

9115 STRADA PL STE 5505  
NAPLES, FL 34105

**Current Mailing Address:**

9115 STRADA PL STE 5505  
NAPLES, FL 34105 US

**FEI Number:** 85-4356829

**Certificate of Status Desired:** No

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

KELLY, CHARLES M JR  
2390 TAMiami TRAIL N STE #204  
NAPLES, FL 34103 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 MELE, LOUIE W  
Address 9115 STRADA PL STE 5505  
City-State-Zip: NAPLES FL 34105

Title MGR  
Name MELE, LOUIE W  
Address 9115 STRADA PL STE 5505  
City-State-Zip: NAPLES FL 34105

Title MGR  
Name MELE, DEBORAH  
Address 9115 STRADA PL STE 5505  
City-State-Zip: NAPLES FL 34105

Title AMBR  
Name MELE, DEBORAH  
Address 9115 STRADA PL STE 5505  
City-State-Zip: NAPLES FL 34105

*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:** LOUIE W MELE

**MANAGER**

**02/28/2024**

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

\_\_\_\_\_  
Date