

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M22000007372

**Entity Name:** LEMONADE MM ELLENTON LLC

**Current Principal Place of Business:**

1000 MAINE AVE SW STE 300  
WASHINGTON, DC 20024

**Current Mailing Address:**

1000 MAINE AVE SW STE 300  
WASHINGTON, DC 20024

**FEI Number:** 88-1931099

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

**FILED**  
**Aug 08, 2023**  
**Secretary of State**  
**9141523495CC**

*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 MEMBER, MANAGER  
Name LEMONADE MM TRUIST (I) LLC  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024

Title EXECUTIVE CHAIRMAN  
Name HAMMOUR, AMER  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024

Title CEO  
Name CONSTANTINI, VINCENT J.  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024

Title VP  
Name ANDERSON, JOSHUA  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024

Title VP  
Name MCCAHAN, DANIEL  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024

Title VP  
Name BRAINERD, DAVID  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024

Title CHIEF FINANCIAL OFFICER & TREASURER  
Name LAMBERT, VICTORIA  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024

Title VICE PRESIDENT & SECRETARY  
Name SUDOW, WILLIAM E.  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024

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*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:** NICHOLE D. FLIPPEN

**AUTHORIZED PERSON**

**08/08/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED PERSON  
Name UTKE, LEE  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024

Title AUTHORIZED PERSON  
Name VERNON, JILLIAN  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024

Title AUTHORIZED PERSON  
Name FLIPPEN, NICHOLE  
Address 1000 MAINE AVE SW STE 300  
City-State-Zip: WASHINGTON DC 20024