

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

**FILED**

DOCUMENT# M22000007380

**Aug 08, 2023**

**Entity Name:** LEMONADE MM HOBE SOUND LLC

**Secretary of State  
9122716426CC**

**Current Principal Place of Business:**

1000 MAINE AVENUE, SW, SUITE 300  
WASHINGTON, DC 20024

**Current Mailing Address:**

1000 MAINE AVENUE, SW, SUITE 300  
C/O MADISON MARQUETTE  
WASHINGTON, DC 20024 US

**FEI Number:** 88-1992027

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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	AUTHORIZED MEMBER	Title	MANAGER
Name	LEMONADE MM TRUIST (I) LLC	Name	HAMMOUR, AMER
Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE	Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER	Title	MANAGER
Name	CONSTANTINI, VINCENT J	Name	ANDERSON, JOSHUA J
Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE	Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER	Title	MANAGER
Name	MCCAHAN, DANIEL	Name	BRAINERD, DAVID
Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE	Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER	Title	MANAGER
Name	LAMBERT, VICTORIA	Name	SUDOW, WILLIAM E
Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE	Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024

**Continues on page 2**

*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 LEE, UTKE  
Address 1000 MAINE AVENUE, SW, SUITE 300  
C/O MADISON MARQUETTE  
City-State-Zip: WASHINGTON DC 20024

Title AUTHORIZED PERSON  
Name VERNON, JILLIAN  
Address 1000 MAINE AVENUE, SW, SUITE 300  
C/O MADISON MARQUETTE  
City-State-Zip: WASHINGTON DC 20024

Title AUTHORIZED PERSON  
Name FLIPPEN, NICHOLE  
Address 1000 MAINE AVENUE, SW, SUITE 300  
C/O MADISON MARQUETTE  
City-State-Zip: WASHINGTON DC 20024