

2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M22000007384

Entity Name: LEMONADE MM LEHIGH ACRES LLC

Current Principal Place of Business:

1000 MAINE AVENUE SW
SUITE 300
WASHINGTON, DC 20024

Current Mailing Address:

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

FEI Number: 88-2039711

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 MEMBER & MANAGER
Name LEMONADE MM TRUIST (I) LLC
Address C/O MADISON MARQUETTE
1000 MAINE AVENUE SW SUITE 300
City-State-Zip: WASHINGTON DC 20024

Title MANAGER
Name HAMMOUR, AMER
Address C/O MADISON MARQUETTE
1000 MAINE AVENUE SW SUITE 300
City-State-Zip: WASHINGTON DC 20024

Title MANAGER
Name CONSTANTINI, VINCENT J.
Address C/O MADISON MARQUETTE
1000 MAINE AVENUE SW SUITE 300
City-State-Zip: WASHINGTON DC 20024

Title MANAGER
Name ANDERSON, JOSHUA
Address C/O MADISON MARQUETTE
1000 MAINE AVENUE SW SUITE 300
City-State-Zip: WASHINGTON DC 20024

Title MANAGER
Name MCCAHAN, DANIEL
Address C/O MADISON MARQUETTE
1000 MAINE AVENUE SW SUITE 300
City-State-Zip: WASHINGTON DC 20024

Title MANAGER
Name BRAINERD, DAVID
Address C/O MADISON MARQUETTE
1000 MAINE AVENUE SW SUITE 300
City-State-Zip: WASHINGTON DC 20024

Title MANAGER
Name LAMBERT, VICTORIA
Address C/O MADISON MARQUETTE
1000 MAINE AVENUE SW SUITE 300
City-State-Zip: WASHINGTON DC 20024

Title MANAGER
Name SUDOW, WILLIAM E.
Address C/O MADISON MARQUETTE
1000 MAINE AVENUE SW SUITE 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 C/O MADISON MARQUETTE
1000 MAINE AVENUE SW SUITE 300
City-State-Zip: WASHINGTON DC 20024

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

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