

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

DOCUMENT# M22000007393

**FILED**  
**Aug 08, 2023**  
**Secretary of State**  
**3755822982CC**

**Entity Name:** LEMONADE MM MIAMI CORSICA SQUARE 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: NOT APPLICABLE**

**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	Title	AUTHORIZED PERSON
Name	LEMONADE MM TRUIST (I) LLC	Name	FLIPPEN, NICHOLE
Address	C/O MADISON MARQUETTE 1000 MAINE AVENUE SW SUITE 300	Address	C/O MADISON MARQUETTE 1000 MAINE AVENUE SW SUITE 300
City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER	Title	MANAGER
Name	HAMMOUR, AMER	Name	CONSTANTINI, VINCENT J.
Address	C/O MADISON MARQUETTE 1000 MAINE AVENUE SW SUITE 300	Address	C/O MADISON MARQUETTE 1000 MAINE AVENUE SW SUITE 300
City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER	Title	MANAGER
Name	ANDERSON, JOSHUA	Name	MCCAHAN, DANIEL
Address	C/O MADISON MARQUETTE 1000 MAINE AVENUE SW SUITE 300	Address	C/O MADISON MARQUETTE 1000 MAINE AVENUE SW SUITE 300
City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER	Title	MANAGER
Name	BRAINERD, DAVID	Name	LAMBERT, VICTORIA
Address	C/O MADISON MARQUETTE 1000 MAINE AVENUE SW SUITE 300	Address	C/O MADISON MARQUETTE 1000 MAINE AVENUE SW SUITE 300
City-State-Zip:	WASHINGTON DC 20024	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           MANAGER  
Name           SUDOW, WILLIAM E.  
Address        C/O MADISON MARQUETTE  
                  1000 MAINE AVENUE SW SUITE 300  
City-State-Zip: WASHINGTON DC 20024

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