# Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLE D. FLIPPEN

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	KAITY TOON, ASSISTANT SECRETARY	

Electronic Signature of Pagistared Agent	
Electronic Signature of Registered Agent	

# Authorized Person(s) Detail :

	Title	MEMBER, MANAGER	Title	EXECUTIVE CHAIRMAN	
	Name	LEMONADE MM TRUIST (I) LLC	Name	HAMMOUR, AMER	
	Address	C/O MADISON MARQUETTE 1000 MAINE AVE SW STE 300	Address	C/O MADISON MARQUETTE 1000 MAINE AVE SW STE 300	
	City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024	
	Title	CEO	Title	VP	
	Name	CONSTANTINI, VINCENT J.	Name	ANDERSON, JOSHUA	
	Address	C/O MADISON MARQUETTE 1000 MAINE AVE SW STE 300	Address	C/O MADISON MARQUETTE 1000 MAINE AVE SW STE 300	
	City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024	
	Title	VP	Title	VP	
	Name	MCCAHAN, DANIEL	Name	BRAINERD, DAVID	
	Address	C/O MADISON MARQUETTE 1000 MAINE AVE SW STE 300	Address	C/O MADISON MARQUETTE 1000 MAINE AVE SW STE 300	
	City-State-Zip:	WASHINGTON DC 20024	City-State-Zip:	WASHINGTON DC 20024	
	Title	CHIEF FINANCIAL OFFICER & TREASURER	Title	VICE PRESIDENT & SECRETARY	
Name	Name	LAMBERT, VICTORIA	Name	SUDOW, WILLIAM E.	
Address	Address	C/O MADISON MARQUETTE 1000 MAINE AVE SW STE 300	Address	1000 MAINE AVE SW STE 300	
			City-State-Zip:	WASHINGTON DC 20024	
	City-State-Zip:	WASHINGTON DC 20024	Continues	n nogo 2	
			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

# 2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M22000007397

Entity Name: LEMONADE MM OCOEE LLC

### **Current Principal Place of Business:**

1000 MAINE AVE SW STE 300 WASHINGTON, DC 20024

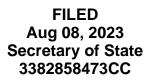
# **Current Mailing Address:**

C/O MADISON MARQUETTE 1000 MAINE AVE SW STE 300 WASHINGTON, DC 20024 US

## FEI Number: 88-2161303

# Name and Address of Current Registered Agent:

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



08/08/2023 Date

Certificate of Status Desired: No

08/08/2023

AUTHORIZED PERSON

## Authorized Person(s) Detail Continued :

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

NameFLIPPEN, NICHOLEAddressC/O MADISON MARQUETTE<br/>1000 MAINE AVE SW STE 300

City-State-Zip: WASHINGTON DC 20024