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.

AP

SIGNATURE: NICHOLE FLIPPEN

Electronic Signature of Signing Authorized Person(s) Detail

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000007405

Entity Name: LEMONADE MM MIAMI SUNSET DRIVE 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: NOT APPLICABLE

Name and Address of Current Registered Agent:

Electronic Signature of 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:

Authorized Person(s) Detail :			
Title	MBR	Title	AP
Name	LEMONADE MM FUND LLC	Name	FLIPPEN, NICHOLE
Address	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

Certificate of Status Desired: No

FILED Mar 15, 2023 Secretary of State 3125714401CC

Date

03/15/2023 Date