

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S32112

Entity Name: LOTTA GP INC.**Current Principal Place of Business:**890 N. STATE ROAD 434
SUITE 1000
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**890 N. STATE ROAD 434
SUITE 1000
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 59-3067447**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODMAN, LAUREN B
890 N. STATE ROAD 434
SUITE 1000
ALTAMONTE SPRINGS, FL 32714 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**Officer/Director Detail :**

Title	VD
Name	FEINSTEIN, JEROME D.
Address	890 N. STATE ROAD 434 SUITE 1000
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PD
Name	GOODMAN, LAUREN B.
Address	890 N. STATE ROAD 434 SUITE 1000
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	TD
Name	GOODMAN, MICHAEL A.
Address	890 N. STATE ROAD 434 SUITE 1000
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	JACOBS, HARRY N
Address	890 N. STATE ROAD 434 SUITE 1000
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	SD
Name	GOLD,, H. SCOTT
Address	890 N. STATE ROAD 434 SUITE 1000
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN B. GOODMAN**PRESIDENT****04/03/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date