

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004239

**Entity Name:** MATTHEW PATRICK LC

**Current Principal Place of Business:**

C/O MATTHEW DEMIKE  
5419 LAKE HOWELL RD  
WINTER PARK, FL 32792

**Current Mailing Address:**

C/O MATTHEW DEMIKE  
5419 LAKE HOWELL RD  
WINTER PARK, FL 32792 US

**FEI Number:** 59-3702260

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEMIKE, MATTHEW  
5419 LAKE HOWELL RD  
WINTER PARK, FL 32792 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	MGRM	Title	MGR
Name	DEMIKE, MATTHEW	Name	MCCUNE, LEROY
Address	5419 LAKE HOWELL ROAD	Address	53 HILLSBORO DR
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	ORCHARD PARK NY 14127

*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:** MATTHEW DEMIKE

MGMR

01/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date