

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000093436

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**2908897818CC**

**Entity Name:** LADY LAKES DEVELOPMENT, LLC

**Current Principal Place of Business:**

5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA, FL 33609

**Current Mailing Address:**

5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA, FL 33609

**FEI Number:** 20-3537268

**Certificate of Status Desired:** No

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

HOLCOMB, VICTOR WESQ.  
3203 W CYPRESS STREET  
TAMPA, FL 33607 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	MGRM
Name	RATH TWO,LLC	Name	HARPER FAMILY HOLDINGS LLC
Address	5405 CYPRESS CENTER DR., STE 320	Address	5405 CYPRESS CENTER DR SUITE 320
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
Title	P	Title	VP
Name	RATH, FRED H	Name	HARPER, WILLIAM H
Address	5405 CYPRESS CENTER DRIVE, SUITE 320	Address	5405 CYPRESS CENTER DRIVE, SUITE 320
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
Title	ST	Title	VP
Name	RATH, TIFFANY J	Name	MARTLING, ROBERT A
Address	5405 CYPRESS CENTER DRIVE, SUITE 320	Address	5405 CYPRESS CENTER DRIVE, SUITE 320
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609

*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:** ROBERT A MARTLING

VP

03/17/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date