

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000122419

**Entity Name:** LAKE NONA MARKETING, LLC**Current Principal Place of Business:**6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
ORLANDO, FL 32827**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
ORLANDO, FL 32827 US**FEI Number:** 27-0669846**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL REGISTERED AGENTS, INC.  
1200 S. PINE ISLAND ROAD  
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:** PETER F. SOUZA, ASSISTANT SECRETARY

03/29/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VOSS, JEFFERSON R.  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title MGR, VP  
Name THAKKAR, RASESH  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name THOMPSON, ROBERT L.  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title VP, SECRETARY  
Name RENCORET, MICHELLE R.  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title MGR, P  
Name ZBORIL, JAMES L.  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name ADAMS, ROBERT B.  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name PEEK, SCOTT I. JR.  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name IRELAND, RALPH H.  
Address 6900 TAVISTOCK LAKES BLVD.  
SUITE 200  
City-State-Zip: ORLANDO FL 32827

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*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:** JAMES L. ZBORIL**MANAGER**

03/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	VP
Name	SANTOS, JUAN F
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200
City-State-Zip:	ORLANDO FL 32827