

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007108

**Entity Name:** LAKEBE, LLC**Current Principal Place of Business:**1201 HARDEE ROAD  
CORAL GABLES, FL 33146**Current Mailing Address:**PO BOX 430930  
SOUTH MIAMI, FL 33243-0930**FEI Number:** 01-0944680**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILD, MICHAEL D  
1250 S. PINE ISLAND RD, STE 200  
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:** MANUEL MILLOR

04/11/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER
Name	CISCA REVOCABLE TRUST
Address	1201 HARDEE ROAD
City-State-Zip:	CORAL GABLES FL 33146

Title	AUTHORIZED MEMBER
Name	DELAWARE VENTURES LLC
Address	2711 CENTERVILLE RD., STE 400
City-State-Zip:	WILMINGTON DE 19808

Title	MANAGER
Name	MILLOR, SILVIA
Address	1201 HARDEE ROAD
City-State-Zip:	CORAL GABLES FL 33146

*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:** SILVIA MILLOR

MANAGER

04/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date