

2023 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

03/24/2023

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

03/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date