

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000026261

**Entity Name:** LMNR, LLC

**Current Principal Place of Business:**

2504 LAZY HAMMOCK LN  
FT. PIERCE, FL 34981

**Current Mailing Address:**

2504 LAZY HAMMOCK LN  
FT. PIERCE, FL 34981 US

**FEI Number:** 27-2075086

**Certificate of Status Desired:** No

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

DALTON, NANCY B  
2504 LAZY HAMMOCK LN  
FT. PIERCE, FL 34981 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  
Name BROWN, RUE L  
Address 1030 GRANDVIEW BLVD.  
City-State-Zip: FT. PIERCE FL 34982

Title MGRM  
Name DALTON, NANCY B  
Address 2504 LAZY HAMMOCK LN  
City-State-Zip: FT. PIERCE FL 34981

Title MGRM  
Name MCKINNEY, RUTH B  
Address 1334 BENNINGTON DR  
City-State-Zip: CONCORD NC 28027

Title MGRM  
Name MCCULLEY, FAYE B  
Address 2419 TAMERIND DR  
City-State-Zip: FT. PIERCE FL 34949

*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:** NANCY BROWN DALTON

**MGRM**

**03/20/2020**

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

\_\_\_\_\_  
Date