

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061633

**Entity Name:** LIM-LIN-LAT, LLC

**Current Principal Place of Business:**

111 NORTH MAGNOLIA AVENUE  
SUITE 1400  
ORLANDO, FL 32801

**Current Mailing Address:**

111 NORTH MAGNOLIA AVENUE  
SUITE 1400  
ORLANDO, FL 32801

**FEI Number:** 27-3045866

**Certificate of Status Desired:** No

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

LSEB AGENT SERVICES, INC.  
111 NORTH MAGNOLIA AVENUE  
SUITE 1400  
ORLANDO, FL 32801 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	LATHAM, PETER G	Name	LIM, MAH T
Address	111 NORTH MAGNOLIA AVENUE, STE. 1400	Address	111 NORTH MAGNOLIA AVENUE, STE. 1400
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801

  

Title	MGRM
Name	WALTER M. LINCER AND DARLEENE LINCER REVOCABLE LIVING TRUST
Address	111 NORTH MAGNOLIA AVENUE, STE. 1400
City-State-Zip:	ORLANDO FL 32801

*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:** PETER G. LATHAM

**MANAGER**

**03/19/2019**

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