

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000061439

**Entity Name:** LOST TRADING COMPANY, LLC

**Current Principal Place of Business:**

93 GOLFVIEW LANE  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

P.O. BOX 1761  
ORMOND BEACH, FL 32175

**FEI Number:** 45-5287526

**Certificate of Status Desired:** No

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

MCGEE HALE, SHARON  
883 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174 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            MGR  
Name            PHIFER, LANCE  
Address        93 GOLFVIEW LANE  
City-State-Zip: ORMOND BEACH FL 32176

Title            MGRM  
Name            PHIFER, KURT  
Address        1279 ANDERSON STREET  
City-State-Zip: DELTONA FL 32725

*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:** PHIFER, LANCE

**MGR**

**04/23/2019**

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

\_\_\_\_\_  
Date