

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000128560

**Entity Name:** LNCO LLC

**Current Principal Place of Business:**

5941 SW 116 STREET  
CORAL GABLES , FL 33156

**Current Mailing Address:**

5941 SW 116 STREET  
CORAL GABLES , FL 33156 US

**FEI Number:** 46-5104253

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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:** STEPHANIE HENCZ

04/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CREPY D'ORLEANS, LOUIS NICOLAS  
Address 5941 SW 116 STREET  
City-State-Zip: CORAL GABLES FL 33156

*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:** LOUIS NICOLAS CREPY D'ORLEANS

MGR

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date