

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000112181

**Entity Name:** LMN POLO LLC

**Current Principal Place of Business:**

2260 SUNDERLAND AVENUE  
WELLINGTON, FL 33414

**Current Mailing Address:**

440 SYLVAN AVENUE  
C/O E.T. BROWNE DRUG CO., INC. SUITE 100  
ENGLEWOOD CLIFFS, NJ 07632 US

**FEI Number:** 83-0520031

**Certificate of Status Desired:** Yes

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

HANDLER, HENRY B  
2255 GLADES ROAD  
SUITE 218A  
BOCA RATON, FL 33431 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 MAC GUINNESS, THOMAS P  
Address 2260 SUNDERLAND AVENUE  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name LLORET, HUGO P  
Address 461 COLLEGE ROAD  
City-State-Zip: PARIS KY 40361

Title MGR  
Name NEIS, ROBERT  
Address 850 PARK AVENUE  
City-State-Zip: NEW YORK NY 10075

*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:** ROBERT NEIS

**MANAGER**

**02/21/2019**

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

\_\_\_\_\_  
Date