

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000277033

**Entity Name:** LAKELAND LINEN, LLC

**Current Principal Place of Business:**

1 WEST MAYFLOWER AVE., N.  
LAS VEGAS, NV 89030

**Current Mailing Address:**

1 WEST MAYFLOWER AVE., N.  
LAS VEGAS, NV 89030 US

**FEI Number:** 83-2765199

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title SECRETARY  
Name O'REILLY, PATRICK  
Address 1 WEST MAYFLOWER AVE., N.  
City-State-Zip: LAS VEGAS NV 89030

Title COO  
Name HERNANDEZ, ANGEL  
Address 1 WEST MAYFLOWER AVE., N.  
City-State-Zip: LAS VEGAS NV 89030

Title CFO  
Name KIMMEL, DAVE  
Address 1 WEST MAYFLOWER AVE., N.  
City-State-Zip: LAS VEGAS NV 89030

*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:** DAVE KIMMEL

CFO

04/28/2021

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

\_\_\_\_\_  
Date