

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000012453

**Entity Name:** 6 LOWE LANE, LLC

**Current Principal Place of Business:**

6 LOWE LANE  
KEY WEST, FL 33040

**Current Mailing Address:**

PO BOX 4974  
400 WHITEHEAD STREET  
KEY WEST, FL 33041 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

STERLING, ERICA H  
500 FLEMING STR.  
KEY WEST, FL 33040 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	Title	MGR
Name	LEWIS, JON R	Name	LEWIS, ELIZA O
Address	6 LOWE LANE	Address	6 LOWE LANE
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

*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:** JON LEWIS

**MANAGING MEMBER**

**01/16/2021**

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

\_\_\_\_\_  
Date