

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000192784

Entity Name: LN RESORT CONDO, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD, STE 200
ORLANDO, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD, STE 200
ORLANDO, FL 32827 US

FEI Number: 84-2642253

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP
Name BEUCHER, NICHOLAS F III
Address 6900 TAVISTOCK LAKES BLVD, STE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name WEAVER, BENJAMIN A
Address 6900 TAVISTOCK LAKES BLVD, STE 200
City-State-Zip: ORLANDO FL 32827

Title VP, S
Name RENCORET, MICHELLE R
Address 6900 TAVISTOCK LAKES BLVD, STE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name THAKKAR, RASESH
Address 6900 TAVISTOCK LAKES BLVD, STE 200
City-State-Zip: ORLANDO FL 32827

Title P
Name COLLIN, T CRAIG
Address 6900 TAVISTOCK LAKES BLVD, STE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name GANDOLFO, CHRISTOPHER
Address 6900 TAVISTOCK LAKES BLVD, STE 200
City-State-Zip: ORLANDO FL 32827

Title VPT
Name BYRNES, DANIEL
Address 6900 TAVISTOCK LAKES BLVD, STE 200
City-State-Zip: ORLANDO FL 32827

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: BENJAMIN A. WEAVER

VICE PRESIDENT

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date