

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000191629

**Entity Name:** SYGNATURE LIFESTYLE, LLC.

**Current Principal Place of Business:**

6188 LAUREL LANE  
APT. C  
TAMARAC, FL 33319

**FILED**  
**Apr 18, 2022**  
**Secretary of State**  
**7476468505CC**

**Current Mailing Address:**

6188 LAUREL LANE  
APT. C  
TAMARAC, FL 33319

**FEI Number: 85-2032442**

**Certificate of Status Desired: No**

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

LINDSAY, MARCIA A  
6188 LAUREL LANE  
APT. C  
TAMARAC, FL 33319 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            AMBR  
Name            LINDSAY, MARCIA A  
Address        6188 LAUREL LANE, APT.C  
City-State-Zip: TAMARAC FL 33319

Title            AMBR  
Name            LINDSAY, NATHANIEL R  
Address        6188 LAUREL LANE, APT.C  
City-State-Zip: TAMARAC FL 33319

Title            AMBR  
Name            LINDSAY, SYMONE A  
Address        6188 LAUREL LANE, APT.C  
City-State-Zip: TAMARAC FL 33319

*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: SYMONE A LINDSAY**

**FOUNDER**

**04/18/2022**

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

\_\_\_\_\_  
Date