| Name and Address of Current Registered Agent: | | | | |
|--|--|---------|------------------------|------------|
| LOCKARD, STA 118 LA RIVIER COCOA BEAC | | | | |
| 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: STAN LOCKARD | | | | 01/11/2024 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized | Person(s) Detail : | | | |
| Title | AMBR | Title | MEMBER | |
| Name | DOWNS, BRIAN | Name | DOWNS, JENNIFER | |
| Address | 43571 LOST CORNER ROAD | Address | 43571 LOST CORNER ROAD | |

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000191066

Entity Name: 5716 LAKE POINSETT LLC

Current Principal Place of Business:

5716 LAKE POINSETT ROAD COCOA, FL 32926

Current Mailing Address:

43571 LOST CORNER ROAD LEESBURG, VA 20176 US

FEI Number: 88-2273930

Name and Address of Current Registered Agent:

City-State-Zip: LEESBURG VA 20176

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: BRIAN DOWNS

MEMBER

City-State-Zip: LEESBURG VA 20176

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

FILED Jan 11, 2024 Secretary of State 8716265237CC

Date