

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009160

Entity Name: EAST LAKE, LLC**Current Principal Place of Business:**10 DODECANESE BLVD.
TARPON SPRINGS, FL 34689**Current Mailing Address:**P.O. BOX 39
TARPON SPRINGS, FL 34688 US**FEI Number:** 59-3618221**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLCOMB, VICTOR WESQ
3203 W CYPRESS ST
TAMPA, FL 33607 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 AUTHORIZED MEMBER
Name C & M LOWE FAMILY LTD
PARTNERSHIP
Address P.O. BOX 39
City-State-Zip: TARPON SPRINGS FL 34688

Title AMBR
Name LOWE, TIMOTHY R
Address 10 DODECANESE BLVD.
City-State-Zip: TARPON SPRINGS FL 34689

Title AMBR
Name LOWE, JEFFREY M
Address 10 DODECANESE BLVD.
City-State-Zip: TARPON SPRINGS FL 34689

Title AMBR
Name LOWE, MICHAEL J
Address 10 DODECANESE BLVD.
City-State-Zip: TARPON SPRINGS FL 34689

Title AMBR
Name LOWE, SCOTT J
Address 10 DODECANESE BLVD.
City-State-Zip: TARPON SPRINGS FL 34689

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: TIMOTHY RYAN LOWE

MGR

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date