

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L03000001364

1. Entity Name

LAKEMONT HOLDINGS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
243 WEST PARK AVE

Suite, Apt. #, etc.
SUITE 200

City & State
WINTER PARK, FL

Zip
32789

Country

3. Mailing Address
243 WEST PARK AVE

Suite, Apt. #, etc.
SUITE 200

City & State
WINTER PARK, FL

Zip
32789

Country

4. FEI Number

13-4232619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name INTRASTATE REGISTERED AGENT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH ORANGE AVENUE SUITE 2600

City ORLANDO

FL

Zip Code
32801

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

BR

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VADIM A. NIKITINE
243 WEST PARK AVENUE STE 200
WINTER PARK, FL 32789

TITLE
NAME
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/4/03

407 461-1453

CR2E083B (12/02)