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

DOCUMENT # L03000001364

1. Entity Name

LAKEMONT HOLDINGS, LLC



## DO NOT WRITE IN THIS SPACE

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Principal Place of Business     AN WEST PARK AVE		3. Mailing Address 243 WEST PARK AVE		
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200		
City & State WINTER PARK, FL		City & State WINTER PARK, FL		
Zio	Country	Zip	Country	

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1. 10 GM 4-1 6	BOARD COLOR PART WILL	STATE OF THE PARTY	345 9373 VA (A)	7. Name and Address of Current	Registe	red Agent
<sup>Zip</sup> 32789	Country	<sup>Zip</sup> 32789	Country	5. Certificate of Status Desired		\$5.00 Additional Fee Required
City & State WINTER PA	RK, FL	City & State WINTER PA	RK, FL	4. FEI Number 13 - 4232619		Applied For Not Applicable
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc SUITE 200		DO NOT WRITE IN THIS SPACE		
243 WEST F	PARK AVE	243 WEST P	ARK AVE			

DO NOT WRITE IN THIS SPACE

Name INTRASTATE REGISTERED AGENT CORPORATION

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

200 SOUTH ORANGE AVENUE SUITE 2600

City	ORL	ΑN	DO
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Zip Code 32801

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 applicables

FEE IS \$50,00 Per all Make Check Payable to Florida Department of State DUE BY MAY 1

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ITILE   MAKE

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

407 461-1453

Daytime Phone #