2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004589

Entity Name: LAKE NONA LAND COMPANY, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD. SUITE 200 ORLANDO, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD. SUITE 200 ORLANDO, FL 32827 US

FEI Number: 27-1740765

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC. 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:	: PETER F. SOUZA, ASSISTANT SECRETARY			04/06/202
	Electronic Signature of Registered Agent			Date
Authorized P	Person(s) Detail :			
Fitle	VP	Title	VP	
Name	THAKKAR, RASESH	Name	ADAMS, ROBERT B.	
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200	Address	6900 TAVISTOCK LAKES BLVE SUITE 200	D.
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827	
Fitle	VP, SECRETARY	Title	VP	
Name	RENCORET, MICHELLE R.	Name	IRELAND, RALPH H.	
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200	Address	6900 TAVISTOCK LAKES BLVE SUITE 200	D.
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827	
Title	MGR, P	Title	VP	
Name	BEUCHER, NICHOLAS F III	Name	COLLIN, THOMAS CRAIG	
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200	Address	6900 TAVISTOCK LAKES BLVE SUITE 200	D.
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827	
Title	VP, T			
Name	WEAVER, BENJAMIN A			
	6900 TAVISTOCK LAKES BLVD., STE. 200			
City-State-Zip:	ORLANDO FL 32827			

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: NICHOLAS F. BEUCHER, III

MANAGER

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date