2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2020
Secretary of State
0857731606CC

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Entity Name: FLORIDA LAMBDARAIL, LLC

Current Principal Place of Business:

1607 VILLAGE SQUARE BLVD, SUITE 4
TALLAHASSEE, FL 32309

Current Mailing Address:

1607 VILLAGE SQUARE BLVD, SUITE 4
TALLAHASSEE, FL 32309 US

FEI Number: 20-0377087

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SWEARINGEN, SANDRA LCFO
1607 VILLAGE SQUARE BLVD
SUITE 4
TALLAHASSEE, FL 32309 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	CEO
Name	LAZOR, JOSEPH
Address	1607 VILLAGE SQUARE BLVD SUITE 4
City-State-Zip:	TALLAHASSEE FL 32309

Title	MGRM
Name	HARTMAN, JOEL
Address	350 MILLICAN HALL
City-State-Zip:	ORLANDO FL 32816

Title	MGRM
Name	BALL, JASON DR
Address	777 GLADES ROAD
City-State-Zip:	BOCA RATON FL 33431

Title	MGRM
Name	BANKS, MARY
Address	10501 FGCU BLVD S
City-State-Zip:	FORT MYERS FL 33965

Title	MGRM
Name	KLEDZIK, ERIC
Address	150 WEST UNIVERSITY BLVD
City-State-Zip:	MELBOURNE FL 32901

Title	MGRM
Name	LIVINGSTON, JANE
Address	6102 UNIVERISTY CENTER, BUILDING C
City-State-Zip:	TALLHASSEE FL 32306-2620

Title	MGRM
Name	GRILLO, ROBERT
Address	11200 SW 8TH ST PC507
City-State-Zip:	MIAMI FL 33199

Title	MGRM
Name	ELDAYRIE, ELIAS G
Address	1 TIGERT HALL
City-State-Zip:	GAINESVILLE FL 32611

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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: JOSEPH LAZOR CEO 01/16/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title MGRM
Name THOMPSON, SANDRA
Address BLDG 79 ROOM 169B
UNIVERSITY OF WEST FLORIDA
City-State-Zip: PENSACOLA FL 32514

Title MGRM
Name SERUYA, STEWART
Address 1535 LEVANTE AVE
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name WEST, TOM
Address 3301 COLLEGE AVE
City-State-Zip: FORT LAUDERDALE FL 33314

Title MGRM
Name FERNANDES, SIDNEY
Address 13220 USF LAUREL DR
2ND FLOOR, MDC 62
City-State-Zip: TAMPA FL 33612

Title MGRM
Name BENNETT, SCOTT
Address 1 UNF DRIVE
UNF HALL SUITE 2200
City-State-Zip: JACKSONVILLE FL 32224