

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000053748

**Entity Name:** EASTLAKE RE LLC

**Current Principal Place of Business:**

861 W MYERS BLVD  
MASCOTTE, FL 34753

**Current Mailing Address:**

PO BOX 516  
GROVELAND, FL 34756

**FEI Number:** 26-4671383

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEARSON, KEVIN J  
861 W MYERS BLVD  
MASCOTTE, FL 34753 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 MGRM  
Name PEARSON, KEVIN J  
Address 861 W MYERS BLVD  
City-State-Zip: MASCOTTE FL 34753

*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:** KEVIN J PEARSON

MGRM

01/30/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date