2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2024
Secretary of State
8525004122CC

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Entity Name: VINCERE, LLC

Current Principal Place of Business:

AFFINITY AT WINTER PARK (OFFICE)
600 NORTH SEMORAN BLVD
WINTER PARK, FL 32792

Current Mailing Address:

AFFINITY AT WINTER PARK (OFFICE)
600 NORTH SEMORAN BLVD
WINTER PARK, FL 32792 US

FEI Number: 11-3491685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WENZEL, R. H.
600 NORTH SEMORAN BLVD
OFFICE
WINTER PARK, FL 32792 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	MANAGER
Name	REEVE MANAGEMENT, LLC
Address	P.O. BOX 1403
City-State-Zip:	NEW YORK NY 10276

Title	MANAGER
Name	CHAO, ENOCH I
Address	P.O. BOX 1403
City-State-Zip:	NEW YORK NY 10276

Title	TRUSTEE
Name	CHAO, CALEB J
Address	P.O. BOX 1403
City-State-Zip:	NEW YORK NY 10276

Title	TRUSTEE
Name	CHAO, CHLOE A
Address	P.O. BOX 1403
City-State-Zip:	NEW YORK NY 10276

Title	MANAGING MEMBER
Name	CHAO FAMILY TRUST I
Address	AFFINITY AT WINTER PARK (OFFICE) 600 NORTH SEMORAN BLVD
City-State-Zip:	WINTER PARK FL 32792

Title	MANAGING MEMBER
Name	CHAO FAMILY TRUST II
Address	AFFINITY AT WINTER PARK (OFFICE) 600 NORTH SEMORAN BLVD
City-State-Zip:	WINTER PARK FL 32792

Title	AUTHORIZED REPRESENTATIVE
Name	CHAO, STELLA L
Address	PO BOX 1403
City-State-Zip:	NEW YORK NY 10276

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: ENOCH CHAO MANAGER 01/31/2024

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