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: NANCY L SMITH

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: Electronic Signature of Registered Agent

Authori	ized Pe	erson(s) Det	ail :

Title	MGR	Title	MGR
Name	SMITH, NANCY L	Name	LINCOLN, PATRICK L
Address	13209 SHADY STABLES LN	Address	13209 SHADY STABLES LN
City-State-Zip:	DOVER FL 33527	City-State-Zip:	DOVER FL 33527

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.

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000102487

Entity Name: LINCOLN SMITH VENTURES LLC

Current Principal Place of Business:

13209 SHADY STABLES LN DOVER, FL 33527

Current Mailing Address:

13209 SHADY STABLES LN DOVER, FL 33527 US

FEI Number: 81-2744411

Name and Address of Current Registered Agent:

SMITH, NANCY L 13209 SHADY STABLES LN DOVER, FL 33527 US

FILED Mar 13, 2023 Secretary of State 2184043389CC

Date

Certificate of Status Desired: No

MANAGER

03/13/2023

Date