

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000055800

**Entity Name:** LNT OFFICE II, LLC**Current Principal Place of Business:**6900 TAVISTOCK LAKES BLVD #200  
ORLANDO, FL 32827**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD #200  
ORLANDO, FL 32827 US**FEI Number:** 38-4030137**Certificate of Status Desired:** No**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

03/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	P
Name	BEUCHER, NICHOLAS F III
Address	6900 TAVISTOCK LAKES BLVD #200
City-State-Zip:	ORLANDO FL 32827

Title	VP/S
Name	RENCORET, MICHELLE R
Address	6900 TAVISTOCK LAKES BLVD #200
City-State-Zip:	ORLANDO FL 32827

Title	VP
Name	THAKKAR, RASESH
Address	6900 TAVISTOCK LAKES BLVD #200
City-State-Zip:	ORLANDO FL 32827

Title	VP
Name	COLLIN, THOMAS CRAIG
Address	6900 TAVISTOCK LAKES BLVD #200
City-State-Zip:	ORLANDO FL 32827

Title	VPT
Name	WEAVER, BENJAMIN A
Address	6900 TAVISTOCK LAKES BLVD - STE. 200
City-State-Zip:	ORLANDO FL 32827

Title	VP
Name	TINETTI, R. CHAD
Address	6900 TAVISTOCK LAKES BLVD #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**PRESIDENT**

03/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date