

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000105430

Entity Name: LYNX MANAGEMENT, LLC

Current Principal Place of Business:

C/O GERO, EVAUL & MCCLOSKEY
8551 W SUNRISE BLVD STE 200
PLANTATION, FL 33322

Current Mailing Address:

C/O GERO, EVAUL & MCCLOSKEY
8551 W SUNRISE BLVD STE 200
PLANTATION, FL 33322 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERO, EVAUL & MCCLOSKEY
8551 W SUNRISE BLVD
STE 200
PLANTATION, FL 33322 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: SCOTT EVAUL

05/01/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name REIKONNEN, NADEJDA
Address PO BOX 290696
City-State-Zip: DAVIE FL 33329

Title MANAGER
Name BERLAGOSKY, SHIMON
Address PO BOX 290696
City-State-Zip: DAVIE FL 33329

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: NADEJDA REIKONNEN

MANAGER

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date