

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000146685

**Entity Name:** 1775 LEXINGTON I LLC

**Current Principal Place of Business:**

C/O HOWARD M. HUJSA, ESQ.  
CUMMINGS & LOCKWOOD LLC 8000 HEALTH CENTER BLVD, SUITE 300  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

C/O HOWARD M. HUJSA, ESQ.  
CUMMINGS & LOCKWOOD LLC 8000 HEALTH CENTER BLVD, SUITE 300  
BONITA SPRINGS, FL 34135 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CLASP, INC.  
3001 TAMIAMI TRL N STE 400  
NAPLES, FL 34103 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           BARRY, DARIA BECKER  
Address        C/O HOWARD M. HUJSA, ESQ.  
                  CUMMINGS & LOCKWOOD LLC  
                  8000 HEALTH CENTER BLVD, SUITE  
                  300  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** DARIA BECKER BARRY

**MANAGER**

**03/29/2021**

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

\_\_\_\_\_  
Date