# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L17000197566

Entity Name: HTG LINCOLN MEMBER, LLC

### Current Principal Place of Business:

3225 AVIATION AVE 6TH FLOOR COCONUT GROVE, FL 33133

# **Current Mailing Address:**

3225 AVIATION AVE 6TH FLOOR COCONUT GROVE, FL 33133 US

# FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

MATTHEW RIEGER, P.A. 3225 AVIATION AVE 6TH FLOOR COCONUT GROVE, FL 33133 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

# Authorized Person(s) Detail :

| Authorized Person(s) Detail : |                 |                                |                 |                                |
|-------------------------------|-----------------|--------------------------------|-----------------|--------------------------------|
|                               | Title           | MGR                            | Title           | MGR                            |
|                               | Name            | RIEGER, MATTHEW A              | Name            | RIEGER, RANDY E                |
|                               | Address         | 3225 AVIATION AVE<br>6TH FLOOR | Address         | 3225 AVIATION AVE<br>6TH FLOOR |
|                               | City-State-Zip: | COCONUT GROVE FL 33133         | City-State-Zip: | COCONUT GROVE FL 33133         |

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: MATTHEW RIEGER

MANAGER

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date