

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000151493

Entity Name: LACHLAN LLC**Current Principal Place of Business:**9 JADE DRIVE
KEY WEST, FL 33040**Current Mailing Address:**PO BOX 2391
KEY WEST, FL 33045 US**FEI Number:** 83-3445044**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLS, PAUL S
1541 5TH ST
KEY WEST, FL 33040 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 MGR
Name MACLAUGHLIN, ELIZABETH
Address 9 JADE DR
City-State-Zip: KEY WEST FL 33040

Title MGR
Name MACLAUGHLIN, MICHEAL S
Address 9 JADE DR
City-State-Zip: KEY WEST FL 33040

Title AP
Name MACLAUGHLIN, MARK J
Address 9 JADE DR
City-State-Zip: KEY WEST FL 33040

Title AP
Name MACLAUGHLIN, JENI L
Address 9 JADE DR
City-State-Zip: KEY WEST FL 33040

Title AP
Name MACLAUGHLIN, JOHN P
Address 9 JADE DR
City-State-Zip: KEY WEST FL 33040

Title AP
Name JEZEK, RAQUEL G
Address 9 JADE DR
City-State-Zip: KEY WEST FL 33040

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: RAQUEL JEZEK

AP

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date