

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000281880

**Entity Name:** LOWFOREST, LLC**Current Principal Place of Business:**17561 CEDARWOOD LOOP  
LUTZ, FL 33558**Current Mailing Address:**17561 CEDARWOOD LOOP  
LUTZ, FL 33558 US**FEI Number:** 83-2795524**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACCHIONE, ROBERT F  
17561 CEDARWOOD LOOP  
LUTZ, FL 33558 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 MACCHIONE, ROBERT F  
Address 17561 CEDARWOOD LOOP  
City-State-Zip: LUTZ FL 33558

Title MGR  
Name THOMPSON, FORREST C  
Address 17561 CEDARWOOD LOOP  
City-State-Zip: LUTZ FL 33558

Title AMBR  
Name THOMPSON, KATHLEEN A  
Address 17561 CEDARWOOD LOOP  
City-State-Zip: LUTZ FL 33558

Title AMBR  
Name LOWE, DOLORES K  
Address 17561 CEDARWOOD LOOP  
City-State-Zip: LUTZ FL 33558

*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:** KATHLEEN THOMPSON

AMBR

02/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date