

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000137552

**Entity Name:** GAMMA LFN, LLC

**Current Principal Place of Business:**

8808 CONCH AVE  
PLACIDA, FL 33946

**Current Mailing Address:**

C/O KERKERING BARBERIO & CO  
1990 MAIN STREET SUITE 801  
SARASOTA, FL 34236 US

**FEI Number:** 84-1846612

**Certificate of Status Desired:** No

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

NOYES, LINDA F  
C/O KERKERING BARBERIO & CO  
1990 MAIN STREET SUITE 801  
SARASOTA, FL 34236 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            AMBR  
Name            NOYES, LINDA F  
Address        8808 CONCH AVE  
City-State-Zip: PLACIDA FL 33946

Title            AP  
Name            ROBINSON, BRIAN D  
Address        5810 N 37TH ST  
City-State-Zip: PARADISE VALLEY AZ 85253

*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:** LINDA NOYES

**AGENT**

**04/20/2022**

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

\_\_\_\_\_  
Date