2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000024347

Entity Name: LN PIPELINE, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD STE 200

ORLANDO, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD STE 200 ORLANDO, FL 32827 US

FEI Number: 84-4496921 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC. 1200 S PINE ISLAND RD PLANTATION, FL 33324 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

Date

FILED Mar 26, 2024

Secretary of State

3824808288CC

Authorized Person(s) Detail :

Title Title

BEUCHER, NICHOLAS F III COLLIN, T CRAIG Name Name

6900 TAVISTOCK LAKES BLVD STE Address Address 6900 TAVISTOCK LAKES BLVD STE

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VΡ Title

Name SANTOS, JUAN Name THAKKAR, RASESH

6900 TAVISTOCK LAKES BLVD STE 6900 TAVISTOCK LAKES BLVD STE Address Address

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP, S Title VΡ

Name RENCORET, MICHELLE R. Name WEAVER, BENJAMIN A.

Address 6900 TAVISTOCK LAKES BLVD STE Address 6900 TAVISTOCK LAKES BLVD STE 200 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title **VPT**

BYRNES, DANIEL R Name

Address 6900 TAVISTOCK LAKES BLVD STE

ORLANDO FL 32827 City-State-Zip:

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.

03/26/2024 SIGNATURE: BENJAMIN A. WEAVER VICE PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail