

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000053601

**Entity Name:** 1040 NORTH LAKE HOLDINGS, LLC

**Current Principal Place of Business:**

LULU MANAGEMENT GROUP ATTN: HOLLI SPANGLER  
401 S. COUNTY RD. PO BOX 2794  
PALM BEACH, FL 33480

**Current Mailing Address:**

LULU MANAGEMENT GROUP ATTN: HOLLI SPANGLER  
401 S. COUNTY RD. PO BOX 2794  
PALM BEACH, FL 33480 US

**FEI Number:** 86-2446908

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

**Authorized Person(s) Detail :**

|                 |                                 |                 |                              |
|-----------------|---------------------------------|-----------------|------------------------------|
| Title           | MANAGER                         | Title           | MANAGER                      |
| Name            | WYNN, STEPHEN A.                | Name            | SINATRA, KIM                 |
| Address         | 401 S. COUNTY RD<br>PO BOX 2794 | Address         | 2449 N. TENAYA WAY<br>#35290 |
| City-State-Zip: | PALM BEACH FL 33480             | City-State-Zip: | LAS VEGAS NV 89133           |

*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:** KIM SINATRA

**MANAGER**

**04/04/2024**

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

\_\_\_\_\_  
Date