

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000056955

**Entity Name:** 1040 N. LAKEWAY LLC

**Current Principal Place of Business:**

605 N OLIVE AVE  
2ND FLOOR  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

605 NORTH OLIVE AVE  
2ND FLOOR  
WEST PALM BEACH, FL 33401 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LYNCH, FRANCIS  
605 N OLIVE AVE  
2ND FLOOR  
WEST PALM BEACH, FL 33401 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	Title	MGR
Name	LYNCH, FRANCIS X	Name	SULLIVAN, MARY KATHERINE
Address	605 NORTH OLIVE AVE	Address	258 MAIN STREET, SUITE 5
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	MEDFIELD MA 02052

*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:** FRANCIS X LYNCH MGR 04/11/2024  
\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date