

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000415823

**Entity Name:** LAKE RIVER OAR, LLC

**Current Principal Place of Business:**

8002 N HIGHLAND AVE  
TAMPA, FL 33604

**Current Mailing Address:**

8002 N HIGHLAND AVE  
TAMPA, FL 33604 UN

**FEI Number:** 93-3744943

**Certificate of Status Desired:** No

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

WALKER, BEN  
8002 N HIGHLAND AVE  
TAMPA, FL 33604 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 WALKER, BEN  
Address 8002 N HIGHLAND AVE  
City-State-Zip: TAMPA FL 33604

Title MGR  
Name WALKER, RENEE  
Address 8002 N HIGHLAND AVE  
City-State-Zip: TAMPA FL 33604

Title AR  
Name WALKER, BENJAMIN M  
Address 8002 N HIGHLAND AVE  
City-State-Zip: TAMPA FL 33604

Title AR  
Name WALKER, ROC  
Address 8002 N HIGHLAND AVE  
City-State-Zip: TAMPA FL 33604

*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:** BEN WALKER

**PRESIDENT**

**04/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date