

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000516223

Entity Name: LANNAMAN LLC**Current Principal Place of Business:**8018 LAKEPOINTE CT
BUILDING 17
PLANTATION, FL 33322**Current Mailing Address:**8018 LAKEPOINTE CT
BUILDING 17
PLANTATION, FL 33322 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LANNAMAN, CHRISTOPHER A
8018 LAKEPOINTE CT
BUILDING 17
PLANTATION, FL 33322 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:	LANNAMAN ,CHRISTOPHER ,A	03/27/2025
	Electronic Signature of Registered Agent	Date

Authorized Person(s) Detail :

Title	MGR
Name	LANNAMAN, CHRISTOPHER A
Address	8018 LAKEPOINTE CT
City-State-Zip:	PLANTATION FL 33322

Title	AP
Name	MULLINGS, OMAR N
Address	3328 CHRISTOPHER ST
City-State-Zip:	WEST PALM BEACH FL 33417

Title	AMBR
Name	MINNERY, LILAN M
Address	8018 LAKEPOINTE CT
City-State-Zip:	PLANTATION FL 33322

Title	AR
Name	LANNAMAN, DESERENE C
Address	1213 S AVENS STREET
City-State-Zip:	PORT SAINT LUCIE FL 33322

Title	AP
Name	WILLIAMS, SHEMAR A
Address	10 LAKESIDE TRAIL
City-State-Zip:	COVINGTON GA 30016

Title	AP
Name	SALMON, SHANTE S
Address	731 PIPER FARM APT
City-State-Zip:	FAYETTEVILLE NC 28303

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: CHRISTOPHER LANNAMAN	OWNER	03/27/2025
	Electronic Signature of Signing Authorized Person(s) Detail	Date