

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000005596

Entity Name: LEXIN NONA, LLC**Current Principal Place of Business:**551 MADISON AVENUE
SUITE 400
NEW YORK, NY 10022**Current Mailing Address:**551 MADISON AVENUE
SUITE 400
NEW YORK, NY 10022 US**FEI Number:** 27-4267929**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	D	Title	P
Name	NEGRIN, METIN	Name	NEGRIN, METIN
Address	551 MADISON AVENUE SUITE 400	Address	551 MADISON AVENUE SUITE 400
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022
Title	S	Title	T
Name	NEGRIN, METIN	Name	NEGRIN, METIN
Address	551 MADISON AVENUE SUITE 400	Address	551 MADISON AVENUE SUITE 400
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022
Title	MGRM		
Name	LEXIN NONA INVESTORS, L.P.		
Address	551 MADISON AVENUE SUITE 400		
City-State-Zip:	NEW YORK NY 10022		

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: METIN NEGRIN

D

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date