2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M22000000473

Entity Name: LEMONADE MM ROCKLEDGE LLC

Current Principal Place of Business:

1000 MAINE AVENUE, SW, SUITE 300 WASHINGTON, DC 20024

Current Mailing Address:

C/O MADISON MARQUETTE 1000 MAINE AVENUE, SW SUITE 300 WASHINGTON, DC 20024 US

FEI Number: 87-4108333 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: KAITY TOON, ASSISTANT SECRETARY

08/08/2023

FILED

Aug 08, 2023

Secretary of State 4476661703CC

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title Title **MBR** MANAGER

Name LEMONADE MM FUND LLC MADISON INVESTMENT PORTFOLIO Name

HC

Address C/O MADISON MARQUETTE C/O MADISON MARQUETTE Address 1000 MAINE AVENUE, SW SUITE 300

1000 MAINE AVENUE, SW SUITE 300 WASHINGTON DC 20024

City-State-Zip: City-State-Zip: WASHINGTON DC 20024

Title **MANAGER**

Title MANAGER Name HAMMOUR, AMER

Name CONSTANTINI, VINCENT J. C/O MADISON MARQUETTE Address

1000 MAINE AVENUE, SW SUITE 300 Address C/O MADISON MARQUETTE

1000 MAINE AVENUE, SW SUITE 300 WASHINGTON DC 20024

City-State-Zip: WASHINGTON DC 20024

Title MANAGER

City-State-Zip:

Title MANAGER Name ANDERSON, JOSHUA

Name BRAINERD, DAVID Address C/O MADISON MARQUETTE

C/O MADISON MARQUETTE 1000 MAINE AVENUE, SW SUITE 300 Address

1000 MAINE AVENUE, SW SUITE 300 WASHINGTON DC 20024 City-State-Zip:

City-State-Zip: WASHINGTON DC 20024

Title MANAGER

Title MANAGER LAMBERT, VICTORIA Name

Name SUDOW, WILLIAM E. C/O MADISON MARQUETTE Address

Address 1000 MAINE AVENUE, SW, SUITE 300 1000 MAINE AVENUE, SW SUITE 300

City-State-Zip: WASHINGTON DC 20024 City-State-Zip: WASHINGTON DC 20024

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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.

AUTHORIZED PERSON SIGNATURE: NICHOLE D. FLIPPEN

08/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title AUTHORIZED PERSON

Name UTKE, LEE

Address C/O MADISON MARQUETTE

1000 MAINE AVENUE, SW SUITE 300

City-State-Zip: WASHINGTON DC 20024

Title AUTHORIZED PERSON
Name FLIPPEN, NICHOLE

Address C/O MADISON MARQUETTE

1000 MAINE AVENUE, SW SUITE 300

City-State-Zip: WASHINGTON DC 20024

Title AUTHORIZED PERSON

Name VERNON, JILLIAN

Address C/O MADISON MARQUETTE

1000 MAINE AVENUE, SW SUITE 300

City-State-Zip: WASHINGTON DC 20024