

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M22000007381

**Entity Name:** LEMONADE MM LADY LAKE LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

1000 MAINE AVE SW STE 300  
C/O MADISON MARQUETTE  
WASHINGTON, DC 20024 US

**FEI Number:** 88-2004838

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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	MEMBER, MANAGER
Name	LEMONADE MM TRUIST (I) LLC
Address	1000 MAINE AVE SW STE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER
Name	CONSTANTINI, VINCENT J
Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER
Name	MCCAHAN, DANIEL
Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER
Name	LAMBERT, VICTORIA
Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024

Title	MANAGER
Name	HAMMOUR, AMER
Address	1000 MAINE AVE SW STE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER
Name	ANDERSON, JOSHUA
Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER
Name	BRAINERD, DAVID
Address	1000 MAINE AVENUE, SW, SUITE 300 C/O MADISON MARQUETTE
City-State-Zip:	WASHINGTON DC 20024
Title	MANAGER
Name	SUDOW, WILLIAM E
Address	1000 MAINE AVENUE, SW, SUITE 300
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.*

**SIGNATURE:** NICHOLE FLIPPEN

**AUTHORIZED PERSON**

**08/09/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED PERSON  
Name UTKE, LEE  
Address 1000 MAINE AVENUE, SW, SUITE 300  
C/O MADISON MARQUETTE  
City-State-Zip: WASHINGTON DC 20024

Title AUTHORIZED PERSON  
Name FLIPPEN, NICHOLE  
Address 1000 MAINE AVENUE, SW, SUITE 300  
C/O MADISON MARQUETTE  
City-State-Zip: WASHINGTON DC 20024

Title AUTHORIZED PERSON  
Name VERNON, JILLIAN  
Address 1000 MAINE AVENUE, SW, SUITE 300  
C/O MADISON MARQUETTE  
City-State-Zip: WASHINGTON DC 20024