

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000007401

**Entity Name:** LEMONADE MM NEW PORT RICHEY LLC

**Current Principal Place of Business:**

1000 MAINE AVE SW STE 300  
WASHINGTON, DC 20024

**Current Mailing Address:**

1000 MAINE AVE SW STE 300  
WASHINGTON, DC 20024

**FEI Number:** NOT APPLICABLE

**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           | MBR                       | Title           | AP                        |
| Name            | LEMONADE MM FUND LLC      | Name            | FLIPPEN, NICHOLE          |
| Address         | 1000 MAINE AVE SW STE 300 | Address         | 1000 MAINE AVE SW STE 300 |
| City-State-Zip: | WASHINGTON DC 20024       | City-State-Zip: | WASHINGTON DC 20024       |

*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:** FLIPPEN , NICHOLE

AP

04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date