

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000008078

**Entity Name:** LBA REALTY LLC

**Current Principal Place of Business:**

3347 MICHELSON DR., STE 200  
IRVINE, CA 92612

**Current Mailing Address:**

3347 MICHELSON DR., STE 200  
IRVINE, CA 92612 US

**FEI Number:** 20-2138561

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
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 AP  
Name MEMOLY, MIKE  
Address 3347 MICHELSON DRIVE STE 200  
City-State-Zip: IRVINE CA 92612

Title AP  
Name SCHONFELD, PERRY  
Address 3347 MICHELSON DRIVE STE 200  
City-State-Zip: IRVINE CA 92612

Title AP  
Name KAPLAN, ERIN  
Address 3347 MICHELSON DR., STE 200  
City-State-Zip: IRVINE CA 92612

*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:** MIKE MEMOLY

**AUTHORIZED  
SIGNATORY**

**04/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date