

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000061399

**Entity Name:** LAZY LAKES, LLC**Current Principal Place of Business:**7025 SHRIMP RD SUITE 10W  
KEY WEST, FL 33040**Current Mailing Address:**PO BOX 2409  
KEY WEST, FL 33045-2409 US**FEI Number:** 26-3210473**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, JEFFREY E  
7025 SHRIMP RD SUITE 10W  
KEY WEST, FL 33040 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:** JEFFREY E. ALLEN

04/14/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CLEGHORN, JOSEPH DJR.  
Address 311 JOHNSON ROAD  
City-State-Zip: SUGARLOAF KEY FL 33042

Title MANAGER  
Name PARKER, KIMBERLY  
Address 311 JOHNSON ROAD  
City-State-Zip: SUGARLOAF KEY FL 33042

Title AUTHORIZED MEMBER  
Name MCGLATHERY, DAVE  
Address 311 JOHNSON ROAD  
City-State-Zip: SUGARLOAF KEY FL 33042

Title CUSTODIAN  
Name ALLEN, JEFFREY E  
Address PO BOX 2409  
City-State-Zip: KEY WEST FL 33045-2409

*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:** JEFFREY E. ALLEN

CUSTODIAN

04/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date