

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000031740

**Entity Name:** DR. ROLAND M. LASTARZA "LLC."

**Current Principal Place of Business:**

5326 CHISWICK CIR.  
ORLANDO, FL 32812

**Current Mailing Address:**

5326 CHISWICK CIR.  
ORLANDO, FL 32812

**FEI Number:** 32-0334395

**Certificate of Status Desired:** Yes

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

LASTARZA, ROLAND MDR  
5326 CHISWICK CIR.  
ORLANDO, FL 32812 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	MGR	Title	MGR
Name	LASTARZA, ROLAND M	Name	LASTARZA, IRENE R
Address	5326 CHISWICK CIR.	Address	5326 CHISWICK CIR.
City-State-Zip:	ORLANDO FL 32812	City-State-Zip:	ORLANDO FL 32812

*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:** IRENE R. LASTARZA

**MANAGER**

**01/31/2017**

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

\_\_\_\_\_  
Date