

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000027850

**Entity Name:** 300 LAKEPOINTE, LLC

**Current Principal Place of Business:**

219 HICKMAN DRIVE  
SANFORD, FL 32771

**Current Mailing Address:**

219 HICKMAN DRIVE  
SANFORD, FL 32771

**FEI Number:** 45-4661454

**Certificate of Status Desired:** No

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

HAMZEHLLOUI, SHYRENE  
4755 OHIO AVE  
SANFORD, FL 32771 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 MGRM  
Name HAMZEHLLOUI, SHYRENE  
Address 11021 NEWBRIDGE DRIVE  
City-State-Zip: RIVERVIEW FL 33579

Title MGRM  
Name HAMZEHLLOUI, EBRAHIM  
Address 4755 OHIO AVE  
City-State-Zip: SANFORD FL 32771

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHYRENE HAMZEHLLOUI

**MGRM**

**04/10/2013**

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

\_\_\_\_\_  
Date