

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000030991

**Entity Name:** LAZ FAMILY RESIDENCE,LLC

**Current Principal Place of Business:**

2775 SUNNY ISLES BLVD STE 118  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

2775 SUNNY ISLES BLVD STE 118  
NORTH MIAMI BEACH, FL 33160 UN

**FEI Number:** 32-0435690

**Certificate of Status Desired:** No

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

NELSON, BARRY A  
2775 SUNNY ISLES BLVD STE 118  
NORTH MIAMI BEACH, FL 33160 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	AMBR	Title	MGR
Name	LAZ FAMILY, LLC	Name	GILSON, CHRISTOPHER C
Address	2775 SUNNY ISLES BLVD STE 118	Address	2775 SUNNY ISLES BLVD STE 118
City-State-Zip:	NORTH MIAMI BEACH FL 33160	City-State-Zip:	NORTH MIAMI BEACH FL 33160

*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:** CHRISTOPHER GILSON

**MANAGER**

**04/18/2016**

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

\_\_\_\_\_  
Date