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.

VICE PRESIDENT

SIGNATURE: JENNIFER R. LEACH

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000078564

Entity Name: LAS OLAS TECHNOLOGY PARTNERS LLC

Current Principal Place of Business:

6533 MONTEREY PT UNIT 204 NAPLES, FL 34105

Current Mailing Address:

6533 MONTEREY PT UNIT 204 NAPLES, FL 34105 US

FEI Number: 47-3901744

Name and Address of Current Registered Agent:

LEACH, JENNIFER R 6533 MONTEREY PT UNIT 204 NAPLES, FL 34105 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

Authorized Person(s) Detail :

Authonized Terson(s) Detail.			
Title	AMBR	Title	AMBR
Name	LEACH, JENNIFER R	Name	CARUSO, FRANK S
Address	6533 MONTEREY PT	Address	449 COCONUT ISLE DRIVE
City-State-Zip:	UNIT 204 NAPLES FL 34105	City-State-Zip:	FORT LAUDERDALE FL 33301
Title	AMBR		
Name	CAIN, STEVEN		
Address	2289 CARAMBOLA RD		
City-State-Zip:	WEST PALM BEACH FL 33406		

Certificate of Status Desired: No

FILED Jan 08, 2017 Secretary of State CC6281274203

> 01/08/2017 Date

Date