

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000007057

**Entity Name:** ST. LAURENT CAPITAL, LLC

**Current Principal Place of Business:**

375 COMMERCE WAY, SUITE 101  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 520090  
LONGWOOD, FL 32752

**FEI Number:** 81-1070911

**Certificate of Status Desired:** No

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

ST. LAURENT, NICOLAS  
375 COMMERCE WAY, SUITE 101  
LONGWOOD, FL 32750 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  
Name ST. LAURENT, ALEXANDER M  
Address 375 COMMERCE WAY, SUITE 101  
City-State-Zip: LONGWOOD FL 32750

Title AMBR  
Name ST. LAURENT, NICOLAS C  
Address 375 COMMERCE WAY, SUITE 101  
City-State-Zip: LONGWOOD FL 32750

*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:** ALEXANDER M ST. LAURENT

AMBR

02/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date