

**2020 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	Title	AMBR
Name	ST. LAURENT, ALEXANDER M	Name	ST. LAURENT, NICOLAS C
Address	375 COMMERCE WAY, SUITE 101	Address	375 COMMERCE WAY, SUITE 101
City-State-Zip:	LONGWOOD FL 32750	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 ST. LAURENT

**MANAGING MEMBER**

**01/17/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date