

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000096951

**FILED**  
**Mar 08, 2018**  
**Secretary of State**  
**CC3263724894**

**Entity Name:** LAKE DENHAM VENTURES LLC

**Current Principal Place of Business:**

558 W NEW ENGLAND AVE  
SUITE 250  
WINTER PARK, FL 32789

**Current Mailing Address:**

558 W NEW ENGLAND AVE  
SUITE 250  
WINTER PARK, FL 32789 US

**FEI Number:** 81-3896066

**Certificate of Status Desired:** No

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

MAGNOLIA ADVISORS, LLC  
558 W NEW ENGLAND AVE  
SUITE 250  
WINTER PARK, FL 32789 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           MANAGER, PRESIDENT  
Name           ARMOYAN, GEORGE  
Address        424 LUNA BELLA LANE  
                  SUITE 122  
City-State-Zip: NEW SMYRNA BEACH FL 32168-4685

Title           MANAGER  
Name           PHAM, MARTIN  
Address        424 LUNA BELLA LANE  
                  SUITE 122  
City-State-Zip: NEW SMYRNA BEACH FL 32168-4685

Title           MANAGER  
Name           SHAHINIAN, DAVID  
Address        424 LUNA BELLA LANE  
                  SUITE 122  
City-State-Zip: NEW SMYRNA BEACH FL 32168-4685

Title           EXECUTIVE VICE-PRESIDENT  
Name           JEFFERY, ROBERT J. M.  
Address        424 LUNA BELLA LANE  
                  SUITE 122  
City-State-Zip: NEW SMYRNA BEACH FL 32168-4685

Title           CORPORATE SECRETARY  
Name           ARMOYAN, HRIPSIME  
Address        424 LUNA BELLA LANE  
                  SUITE 122  
City-State-Zip: NEW SMYRNA BEACH FL 32168-4685

*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:** GEORGE ARMOYAN

**MANAGER**

**03/08/2018**

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

\_\_\_\_\_  
Date