

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000200004

**Entity Name:** LAKE MEAD PARTNERS, LLC

**Current Principal Place of Business:**

209 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

209 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 81-5223904

**Certificate of Status Desired:** No

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

SOLOMON, ROBIN J  
209 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082 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:** ROBIN J SOLOMON

04/20/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PONTE VEDRA PLASTIC SURGERY,  
P.A.  
Address 209 PONTE VEDRA PARK DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** ROBIN J SOLOMON

REGISTERED AGENT

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date