#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L18000160149

Entity Name: SANDS POINT LBK, LLC

## **Current Principal Place of Business:**

12 HUCKLEBERRY LANE WESTON, CT 06883

#### **Current Mailing Address:**

12 HUCKLEBERRY LANE WESTON, CT 06883 US

## FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

THE LAW OFFICES OF LOBECK & HANSON, P.A. 2033 MAIN STREET SUITE 403 SARASOTA, FL 34237 US FILED Jan 27, 2021 Secretary of State 3596404691CC

Certificate of Status Desired: Yes

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 :

|  | Title           | MGRM                | Title           | MGRM                |
|--|-----------------|---------------------|-----------------|---------------------|
|  | Name            | NELSON-OZAR, RANDY  | Name            | OZAR, BRUCE         |
|  | Address         | 12 HUCKLEBERRY LANE | Address         | 12 HUCKLEBERRY LANE |
|  | City-State-Zip: | WESTON CT 06883     | City-State-Zip: | WESTON CT 06883     |
|  |                 |                     |                 |                     |
|  |                 |                     |                 |                     |
|  | Title           | MGRM                | Title           | MGRM                |
|  | Title<br>Name   | MGRM<br>OZAR, COREY | Title<br>Name   | MGRM<br>OZAR, SOFIA |
|  |                 |                     |                 |                     |
|  | Name            | OZAR, COREY         | Name            | OZAR, SOFIA         |

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: RANDY NELSON-OZAR

MS

Date

Electronic Signature of Signing Authorized Person(s) Detail