

**2019 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

**Certificate of Status Desired:** No

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

THE LAW OFFICES OF LOBECK & HANSON, P.A.  
2033 MAIN STREET  
SUITE 403  
SARASOTA, FL 34237 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 MGRM  
Name NELSON-OZAR, RANDY  
Address 12 HUCKLEBERRY LANE  
City-State-Zip: WESTON CT 06883

Title MGRM  
Name OZAR, BRUCE  
Address 12 HUCKLEBERRY LANE  
City-State-Zip: WESTON CT 06883

Title MGRM  
Name OZAR, COREY  
Address 343 YORK STREET, #2  
City-State-Zip: JERSEY CITY NJ 07302

Title MGRM  
Name OZAR, SOFIA  
Address 12 HUCKLEBERRY LANE  
City-State-Zip: WESTON CT 06883

*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

02/14/2019

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

\_\_\_\_\_  
Date