

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000419210

**Entity Name:** SANCHEZ LOZANO LLC

**Current Principal Place of Business:**

5071 CASPIAN ST  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

5071 CASPIAN ST  
SAINT CLOUD, FL 34771

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SANCHEZ, WILLIAM R  
5071 CASPIAN ST  
SAINT CLOUD, FL 34771 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	MGR	Title	MGR
Name	SANCHEZ, WILLIAM R	Name	LOZANO DE SANCHEZ, MARTHA C
Address	5071 CASPIAN ST	Address	5071 CASPIAN ST
City-State-Zip:	SAINT CLOUD FL 34771	City-State-Zip:	SAINT CLOUD FL 34771

*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:** WILLIAM SANCHEZ

**PRESIDENT**

**03/19/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date