

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000083107

**Entity Name:** LOS LAZOS LLC

**Current Principal Place of Business:**

1438 SHADOW CREEK DR  
ORAGNE PARK, FL 32065

**Current Mailing Address:**

1438 SHADOW CREEK DR  
ORAGNE PARK, FL 32065 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LORETO, AQUILES J  
1438 SHADOW CREEK DR  
ORANGE PARK, FL 32065 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	AR	Title	MGR
Name	ECHEVERRI, ELSA	Name	LORETO, AQUILES
Address	1438 SHADOW CREEK DR	Address	1438 SHADOW CREEK DR
City-State-Zip:	ORANGE PARK FL 32065	City-State-Zip:	ORAGNE PARK FL 32065

*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:** AQUILES LORETO

**DIRECTOR**

**04/30/2023**

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

\_\_\_\_\_  
Date