

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000415099

**Entity Name:** 195-197 LAKEVIEW LLC

**Current Principal Place of Business:**

4109 AMBER LANE  
WESTON, FL 33331

**Current Mailing Address:**

4109 AMBER LANE  
WESTON, FL 33331

**FEI Number:** 00-0415099

**Certificate of Status Desired:** No

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

VASQUEZ, GUSTAVO A  
4109 AMBER LANE  
WESTON, FL 33331 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            PRES  
Name            VASQUEZ, GUSTAVO A  
Address        4109 AMBER LANE  
City-State-Zip: WESTON FL 33331

Title            MEMB  
Name            ARANGO, MARGARITA  
Address        4109 AMBER LANE  
City-State-Zip: WESTON FL 33331

Title            MEMB  
Name            VASQUEZ, JACOBO  
Address        4109 AMBER LANE  
City-State-Zip: WESTON FL 33331

Title            MEMB  
Name            VASQUEZ, SIMON  
Address        4109 AMBER LANE  
City-State-Zip: WESTON FL 33331

*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:** GUSTAVO A VASQUEZ

**PRESIDENT**

**01/31/2023**

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

\_\_\_\_\_  
Date