

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000420849

**Entity Name:** LWS VENTURES LLC

**Current Principal Place of Business:**

6111 BROKEN SOUND PKWY NW  
330  
BOCA RATON, FL 33487

**Current Mailing Address:**

6111 BROKEN SOUND PKWY NW  
330  
BOCA RATON, FL 33487

**FEI Number:** 32-0716028

**Certificate of Status Desired:** No

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

LAING WEICHOLZ SCHLEY  
6111 BROKEN SOUND PARKWAY NW  
330  
BOCA RATON, FL 33433 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  
Name LAING, CHAD  
Address 6111 BROKEN SOUND PKWY NW STE  
330  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name WEICHOLZ, TODD  
Address 6111 BROKEN SOUND PKWY NW STE  
330  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name SCHLEY, DALE  
Address 6111 BROKEN SOUND PKWY NW STE  
330  
City-State-Zip: BOCA RATON FL 33487

*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:** DALE W. SCHLEY II

MGR

03/15/2023

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

\_\_\_\_\_  
Date