

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000098143

1. Entity Name

LAZAR STRASSER INVESTMENTS, LLC



Principal Place of Business

**1042 N. U.S. HIGHWAY 1
ORMOND BEACH FL 32174**

Mailing Address

**1042 N. U.S. HIGHWAY 1
ORMOND BEACH FL 32174**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

20-3950275

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROCK, JEFFREY P
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: STRASSER, CHARLES L
STREET ADDRESS: 1042 N US HWY 1
CITY-STATE-ZIP: ORMOND BEACH FL 32174

TITLE: MEM ☐ Delete
NAME: LAZAR, JOEL
STREET ADDRESS: 8239 LAKE CROWELL CIRCLE
CITY-STATE-ZIP: ORLANDO FL 32836

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
**U00000645809
03/06/07-80004-004 50.00**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Charles L Strasser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/20/07

Date

Daytime Phone #