

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-07-2007 90114 030 ****55.00

DOCUMENT # L06000104395	
1. Entity Name LAZO PROPERTIES, LLC	

Principal Place of Business 4197 69TH LANE NORTH RIVIERA BEACH FL 33404-5849	Mailing Address 4197 69TH LANE NORTH RIVIERA BEACH FL 33404-5849
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 20-5926647	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TROIANO, VICTOR J 317 S. TENNESSEE AVE. LAKELAND FL 33801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MANAGING MEMBER PAUL M. LAZEAU 4197-69TH LANE NORTH RIVIERA BEACH, FL 33404-5849	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: PAUL M. LAZEAU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **01-29-07 (561) 867-5444**

ATTACHMENT
ATTACHMENT

30002347
#L06000104395

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A
0133656036

(Your Telephone Number Best Time to Call)

DATE OF THIS NOTICE: 12-06-2006
EMPLOYER IDENTIFICATION NUMBER: 20-5926647
FORM: SS-4
NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

LAZO PROPERTIES LLC
PAUL M LAZEAU SOLE MBR
4197 69TH LN N
RIVIERA BEACH FL 33404