

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000042874

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** LAKESIDE VENTURES ONE LLC

**Current Principal Place of Business:**

5450 KINGS MONT DRIVE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

5450 KINGS MONT DRIVE  
LAKELAND, FL 33813 US

**New Mailing Address:**

**FEI Number:** 30-0480660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROLETTE, AYANNA  
5450 KINGS MONT DR  
LAKELAND, FL 33813 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ROLETTE, AYANNA  
**Address:** 5450 KINGS MONT DR  
**City-St-Zip:** LAKELAND, FL 33813 US

**Title:** MGRM  
**Name:** BUURMA, CLARK  
**Address:** 1008 HUNT AVE  
**City-St-Zip:** LAKELAND, FL 33801 US

**Title:** MGRM  
**Name:** CHACHAD, SAIRAH  
**Address:** 2022 HIGH VISTA DRIVE  
**City-St-Zip:** LAKELAND, FL 33813 US

**Title:** MGRM  
**Name:** LEVITEN, DANIEL  
**Address:** 4007 CHEVERLY DRIVE WEST  
**City-St-Zip:** LAKELAND, FL 33813 US

**Title:** MGRM  
**Name:** POLLOCK, DEREK  
**Address:** 8575 OGLEBY CREEK RD  
**City-St-Zip:** MYAKKA CITY, FL 34251 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** AYANNA ROLETTE

MGRM

02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date