

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052438

**Entity Name:** PLAZA LAKES, LLC

**Current Principal Place of Business:**

255 S. ORANGE AVE.  
SUITE 900  
ORLANDO, FL 32801

**Current Mailing Address:**

255 S. ORANGE AVE.  
SUITE 900  
ORLANDO, FL 32801

**FEI Number:** 20-2905899

**Certificate of Status Desired:** No

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

QUANTAIROS, PRIETO, WOOD & BOYER, P.A.  
255 S. ORANGE AVE.  
SUITE 900  
ORLANDO, FL 32801 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 FONALLEDAS, JAIME  
Address 350 CHARDON AVENUE, TORRE  
CHARDON, #900  
City-State-Zip: SAN JUAN 00918

Title MGR  
Name MEDERO, JUAN  
Address 350 CHARDON AVENUE, TORRE  
CHARDON, #900  
City-State-Zip: SAN JUAN 00918

Title MANAGER  
Name DEL VALLE, GILBERTO  
Address 350 CHARDON AVENUE  
TORRE CHARDON #900  
City-State-Zip: SAN JUAN OC 00918

*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:** JAIME FONALLEDAS

**MANAGER**

**01/26/2017**

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

\_\_\_\_\_  
Date