

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000082432

Entity Name: LAZMART, LLC

**Current Principal Place of Business:**

4980 NW 165 ST  
A-1  
MIAMI, FL 33014

**Current Mailing Address:**

PO BOX 4506  
HIALEAH, FL 33014 US

FEI Number: 20-5405570

Certificate of Status Desired: No

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

JACQUELINE A. SALCINES, PA  
706 SOUTH DIXIE HIGHWAY  
SECOND FLOOR  
CORAL GABLES, FL 33146 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	MGRM
Name	RODRIGUEZ, LAZARO S
Address	15124 N.W. 87TH PLACE
City-State-Zip:	MIAMI LAKES FL 33018
Title	MGR
Name	BUSTAMANTE, BARBARA C
Address	15124 N.W. 87TH PLACE
City-State-Zip:	MIAMI LAKES FL 33018

Title	MGRM
Name	GONZALEZ RODRIGUEZ, MARTINA
Address	15124 N.W. 87TH PLACE
City-State-Zip:	MIAMI LAKES FL 33018
Title	MGR
Name	GONZALEZ, RODOLFO R
Address	7800 S.W. 58TH COURT
City-State-Zip:	MIAMI FL 33143

*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: RODRIGUEZ , LAZARO S

MGRM

04/04/2019

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

\_\_\_\_\_  
Date