

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000046601

**Entity Name:** 2956 LUCAYAN HARBOUR CIRCLE 106, LLC**Current Principal Place of Business:**7901 KINGSPONTE PKWY STE 15  
ORLANDO, FL 32819**Current Mailing Address:**7901 KINGSPONTE PKWY STE 15  
ORLANDO, FL 32819 US**FEI Number:** 45-4978107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERNATIONAL DIVISION BY LARSON LLC  
7901 KINGSPONTE PKWY STE 15  
ORLANDO, FL 32819 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:** CAROLINE G LARSON

01/05/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | MANAGER                                 |
| Name            | KELLER, JOSE MAURICIO                   |
| Address         | 2956 LUCAYAN HARBOUR CIRCLE<br>UNIT 106 |
| City-State-Zip: | KISSIMMEE FL 34746                      |

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | MANAGER                                 |
| Name            | KELLER, ELAINE CRISTINE Z               |
| Address         | 2956 LUCAYAN HARBOUR CIRCLE<br>UNIT 106 |
| City-State-Zip: | KISSIMMEE FL 34746                      |

*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:** JOSE MAURICIO KELLER

MGR

01/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date