

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000161588

Entity Name: 2964 LUCAYAN HARBOUR CIRCLE 108, LLC**Current Principal Place of Business:**6735 CONROY RD.
UNIT 316
ORLANDO, FL 32835**Current Mailing Address:**6735 CONROY RD.
UNIT 316
ORLANDO, FL 32835 US**FEI Number:** 46-1706689**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING AND CONSULTING SERVICES LLC
7901 KINGSPONTE PKW
ST 17
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 LARSON

04/18/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name PAGOTTO, ANA PAULA
Address 6735 CONROY RD.
UNIT 316
City-State-Zip: ORLANDO FL 32835

Title AUTHORIZED MEMBER
Name AUGUSTO, JOSE MARIA F
Address 6735 CONROY RD.
UNIT 316
City-State-Zip: ORLANDO FL 32835

Title AUTHORIZED MEMBER
Name PEREIRA , EDUARDO D
Address 6735 CONROY RD.
UNIT 316
City-State-Zip: ORLANDO FL 32835

Title AUTHORIZED MEMBER
Name PEREIRA, SILVIA REGINA P
Address 6735 CONROY RD.
UNIT 316
City-State-Zip: ORLANDO FL 32835

Title AUTHORIZED MEMBER
Name DOS SANTOS, CARLA SUELI
Address 6735 CONROY RD.
UNIT 316
City-State-Zip: ORLANDO FL 32835

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 MARIA FELICIANO AUGUSTO

AMBR

04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date