

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000086452

Entity Name: CTZ HOUSING LLC**Current Principal Place of Business:**14137 DRAKES POINT DR
JACKSONVILLE, FL 32224**Current Mailing Address:**14137 DRAKES POINT DR
JACKSONVILLE, FL 32224**FEI Number:** 38-3933967**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARANGUE & CARANGUE PA
5607 UNIVERSITY BLVD W
JACKSONVILLE, FL 32216 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 LOCHNER, SERGE
Address 14137 DRAKES POINT DR
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name LOCHNER, ALEX
Address 14137 DRAKES POINT DR
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name LOCHNER, LAURENT
Address 14137 DRAKES POINT DR
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name LOCHNER, DANIEL
Address 14137 DRAKES POINT DR
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name LOCHNER, ALEX
Address 14137 DRAKES POINT DR
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name LOCHNER, LAURENT
Address 14137 DRAKES POINT DR
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name LOCHNER, DANIEL
Address 14137 DRAKES POINT DR
City-State-Zip: JACKSONVILLE FL 32224

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: SERGE LOCHNER

MGR

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date