2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2017
Secretary of State
CC1730328189

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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 04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date