

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000135513

**Entity Name:** LAZAVILA LLC

**Current Principal Place of Business:**

8800 NW 107TH CT  
214-10  
DORAL, FL 33178

**Current Mailing Address:**

8800 NW 107TH CT  
214-10  
DORAL, FL 33178 US

**FEI Number:** 37-1764599

**Certificate of Status Desired:** No

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

CALDERARO, SANDRA R  
6301 NW 5TH WAY  
SUITE 2000  
FORT LAUDERDALE, FL 33309 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            AMBR  
Name            LAZZARO, MANUEL  
Address        8800 NW 107TH CT 214-10  
City-State-Zip: DORAL FL 33178

Title            AMBR  
Name            AVILA, ELEANA  
Address        8800 NW 107TH CT 214-10  
City-State-Zip: DORAL FL 33178

*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:** MANUEL LAZZARO

**AUTHORIZED MEMBER**

**01/07/2015**

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

\_\_\_\_\_  
Date