

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000026870

**Entity Name:** LAZK VENTURES, LLC

**Current Principal Place of Business:**

460 TOWN PLAZA AVENUE,  
UNIT 210  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

460 TOWN PLAZA AVENUE,  
UNIT 210  
PONTE VEDRA, FL 32081 US

**FEI Number:** 81-1412846

**Certificate of Status Desired:** No

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

SORENSEN, DAVID W D.M.D.  
334 WILLOW WIND PARKWAY  
ST. JOHNS, FL 32259 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	PT	Title	VS
Name	SORENSEN, DAVID W D.M.D.	Name	SORENSEN, SHARON M
Address	334 WILLOW WIND PARKWAY	Address	334 WILLOW WIND PARKWAY
City-State-Zip:	ST. JOHNS FL 32259	City-State-Zip:	ST. JOHNS FL 32259

*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:** DAVID W SORENSEN

**PRESIDENT**

**04/14/2018**

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

\_\_\_\_\_  
Date