## 2017 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

FILED Jan 28, 2017

**Secretary of State** 

CC5340327461

## Authorized Person(s) Detail:

Title PT Title

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.

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