

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000006501

**Entity Name:** CASSANDRA LAMOUREUX, LLC

**Current Principal Place of Business:**

6900 TURKEY LAKE ROAD  
SUITE 1-3  
ORLANDO, FL 32819

**Current Mailing Address:**

759 CROOKED CREEK DRIVE  
OCOE, FL 34761

**FEI Number:** 82-0756327

**Certificate of Status Desired:** No

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

LAMOUREUX, CASSANDRA M MS.  
759 CROOKED CREEK DRIVE  
OCOE, FL 34761 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 MS  
Name LAMOUREUX, CASSANDRA M  
Address 759 CROOKED CREEK DRIVE  
City-State-Zip: OCOEE FL 34761

Title MR  
Name LAMOUREUX, ROBERT P  
Address 759 CROOKED CREEK DRIVE  
City-State-Zip: OCOEE FL 34761

*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:** CASSANDRA M LAMOUREUX

MS

03/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date