

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000485

**Entity Name:** MEROS, SMITH, LAZZARA & OLNEY, LLC**Current Principal Place of Business:**757 ARLINGTON AVE., NO  
ST. PETERSBURG, FL 33701**Current Mailing Address:**757 ARLINGTON AVE., NO  
ST. PETERSBURG, FL 33701**FEI Number:** 59-1584512**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, WALTER E  
757 ARLINGTON AVE., NO  
ST. PETERSBURG, FL 33701 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	PRES
Name	MEROS, PETER N
Address	2300 EAST BAY ISLE DRIVE SE
City-State-Zip:	ST PETERSBURG FL 33705

Title	SEC
Name	OLNEY, GREGORY LII
Address	14479 SANDPIPER CIRCLE
City-State-Zip:	CLEARWATER FL 33762

Title	VP
Name	SMITH, WALTER E
Address	10216 TARPON DRIVE
City-State-Zip:	ST. PETERSBURG FL 33706

Title	MGR
Name	LAZZARA, BELINDA B
Address	1033 14TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33704

*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:** WALTER E. SMITH

VP

02/24/2016

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