

2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WALTER SMITH

VP

06/10/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date