

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000137953

**Entity Name:** CATALYZE, LLC

**Current Principal Place of Business:**

28050 US HWY 19 N  
STE 402  
CLEARWATER, FL 33761

**Current Mailing Address:**

28050 US HWY 19 N  
STE 402  
CLEARWATER, FL 33761 US

**FEI Number:** 45-4852048

**Certificate of Status Desired:** No

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

WOOD, JUSTIN  
28050 US HWY 19 N  
STE 402  
CLEARWATER, FL 33761 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           MANAGER  
Name           WOOD, JUSTIN  
Address        28050 US HWY 19 N  
                  STE 402  
City-State-Zip: CLEARWATER FL 33761

Title           MANAGER  
Name           WOOD, ANDREA  
Address        28050 US HWY 19 N  
                  STE 402  
City-State-Zip: CLEARWATER FL 33761

*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:** JUSTIN WOOD

**MGR**

**01/22/2018**

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

\_\_\_\_\_  
Date