

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000109625

**Entity Name:** LARRY LAWRENCE SHOW, LLC

**Current Principal Place of Business:**

4011 SCHOOL CIR  
LABELLE, FL 33935

**Current Mailing Address:**

PO BOX 292716  
TAMPA, FL 33687 US

**FEI Number:** 47-4409775

**Certificate of Status Desired:** Yes

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

LAWRENCE, ALETHIA M  
4011 SCHOOL CIR  
LABELLE, FL 33935 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            PRESIDENT  
Name            LAWRENCE, HUMPHREY LLOYD  
Address         PO BOX 292716  
City-State-Zip: TAMPA FL 33687

*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:** HUMPHREY L LAWRENCE

**PRESIDENT**

**05/01/2017**

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

\_\_\_\_\_ Date