

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000227106

**Entity Name:** ZENITH ADVISORS, LLC

**Current Principal Place of Business:**

512 VISTA RIA COURT  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

512 VISTA RIA COURT  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 83-2037802

**Certificate of Status Desired:** No

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

LAWSON, LISA  
512 VISTA RIA COURT  
ST. AUGUSTINE, FL 32080 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            AMBR  
Name            LAWSON, CHRIS  
Address        512 VISTA RIA COURT  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            AMBR  
Name            MENENDEZ, PEDRO  
Address        3537 KILGALLEN CT  
City-State-Zip: ORMOND BEACH FL 32174-2830

Title            AMBR  
Name            LAWSON, LISA  
Address        512 VISTA RIA COURT  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            AMBR  
Name            MENENDEZ, ROBERTA A  
Address        3537 KILGALLEN CT  
City-State-Zip: ORMOND BEACH FL 32174

*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:** CHRISTOPHER LAWSON

**PARTNER**

**01/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date