

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000241642

**Entity Name:** CAZIER, LLC

**Current Principal Place of Business:**

14502 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33618

**Current Mailing Address:**

14502 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33618 US

**FEI Number:** 85-2418859

**Certificate of Status Desired:** No

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

FALBO, GABRIEL W JR  
14502 N DALE MABRY HWY  
TAMPA, FL 33618 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 AR  
Name FALBO, GABRIEL W JR  
Address 14502 N DALE MABRY HWY  
SUITE 200  
City-State-Zip: TAMPA FL 33618  
  
Title MANAGER  
Name FALBO, ALEXANDRA NICOLE  
Address 14609 VILLAGE GLEN CIRCLE  
City-State-Zip: TAMPA FL 33618

Title PRESIDENT  
Name FALBO, KIMBERLY  
Address 14502 N DALE MABRY HWY  
SUITE 200  
City-State-Zip: TAMPA FL 33618  
  
Title MANAGER  
Name FALBO, NICHOLAS ALEXANDER  
Address 16410 NORWOOD DRIVE  
City-State-Zip: TAMPA FL 33624-1153

*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:** GABRIEL W. FALBO

**AUTHORIZED  
REPRESENTATIVE**

**01/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date