

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001720

**Entity Name:** LIZ RESOURCES CONSULTING INC.

**Current Principal Place of Business:**

2701 BRIARCLIFF RD  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2701 BRIARCLIFF RD  
PANAMA CITY, FL 32405 US

**FEI Number:** 61-1554634

**Certificate of Status Desired:** No

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

LIZARRAGA, AMIR SD  
2701 BRIARCLIFF RD  
PANAMA CITY, FL 32405 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

**Officer/Director Detail :**

Title CEO  
Name LIZARRAGA, AMIR SD  
Address 2701 BRIARCLIFF RD  
City-State-Zip: PANAMA CITY FL 32405

Title D  
Name CUTRIGHT, JOHN D  
Address 6132 IMPERIAL DRIVE  
City-State-Zip: PANAMA CITY FL 32404

Title D  
Name WILSON, BARRY D  
Address 819 E/ 9TH STREET  
City-State-Zip: PANAMA CITY BCH FL 32401

Title DIRECTOR  
Name FRITZGERALD, MICHAEL O  
Address 2913 MINNESTOTA AVE UNIT N  
City-State-Zip: LYNN HAVEN FL 32444

Title PRESIDENT  
Name MCNEAL, SANDRA S  
Address 925 BAY AVE  
City-State-Zip: PANAMA CITY FL 32405

Title SECRETARY  
Name MONIAK, BARBARA  
Address 3009 HUNT CLUB CIRCLE  
City-State-Zip: PANAMA CITY FL 32407

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMIR LIZARRAGA

**DIRECTOR**

**03/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date