

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000055668

**Entity Name:** LAMARRE LAW GROUP P.A.

**Current Principal Place of Business:**

3203 LORETTO RD  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

PO BOX 23148  
JACKSONVILLE, FL 32241 US

**FEI Number: 87-1312935**

**Certificate of Status Desired: No**

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

LAMARRE, LEIHERNST  
3203 LORETTO RD  
JACKSONVILLE, FL 32223 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            PRESIDENT, TREASURER  
Name            LAMARRE, LEIHERNST  
Address        3203 LORETTO RD  
City-State-Zip: JACKSONVILLE FL 32223

Title            VP  
Name            LAVENDER, LINDSEY L  
Address        12700 BARTRAM PARK BLVD  
                  UNIT 130  
City-State-Zip: JACKSONVILLE FL 32258

Title            SECRETARY  
Name            PATEL, HITEN P  
Address        10667BRIGHTMAN BLVD  
                  APT 8202  
City-State-Zip: JACKSONVILLE FL 32246

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LEIHERNST LAMARRE**

**PRESIDENT**

**05/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date