

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000105651

**Entity Name:** PAULO LAZARO, L.C.S.W., L.L.C.

**Current Principal Place of Business:**

13499 BISCAYNE BLVD.  
SUITE 208  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

2801 NE 183 STREET  
APT 1717 W  
AVENTURA, FL 33160 US

**FEI Number:** 20-5866786

**Certificate of Status Desired:** No

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

LAZARO, PAULO  
2801 NE 183 ST  
APT 1717 W  
AVENTURA, FL 33160 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 MGRM  
Name LAZARO, PAULO L.C.S.W  
Address 2801 NE 183 ST, APT 1717 W  
City-State-Zip: AVENTURA FL 33160

*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:** PAULO LAZARO

**PRESIDENT**

**03/17/2024**

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

\_\_\_\_\_  
Date