

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000103584

Entity Name: MERO III, LLC

**Current Principal Place of Business:**

1306 W. KENNEDY BLVD.  
TAMPA, FL 33606

**Current Mailing Address:**

1306 W. KENNEDY BLVD.  
TAMPA, FL 33606

FEI Number: 46-3253252

Certificate of Status Desired: No

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

STRASKE, STEPHEN B. II  
1306 W. KENNEDY BLVD.  
TAMPA, FL 33606 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: STEPHEN B. STRASKE II

03/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name FERMAN, JAMES L & CECELIA D.  
Address 1306 W. KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33606

Title MANAGER, CHAIRMAN  
Name FERMAN, JAMES L JR.  
Address 1306 W. KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33606

Title MANAGER, VP  
Name FERMAN, CECELIA D.  
Address 1306 W. KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33606

Title PRESIDENT, SECRETARY,  
TREASURER  
Name STRASKE, STEPHEN B. II  
Address 1306 W. KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33606

Title VP  
Name TEW, DOUGLAS M.  
Address 1306 W. KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33606

Title CEO  
Name FARRIOR, PRESTON L  
Address 1306 W. KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33606

Title VP  
Name BOICHEFF, NICHOLAS M  
Address 1306 W. KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33606

*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: STEPHEN B. STRASKE II

MANAGER

03/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date