

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000016363

**Entity Name:** EZZ Z SLIDE LLC

**Current Principal Place of Business:**

5 E. 15TH ST.  
PANAMA CITY, FL 32405

**Current Mailing Address:**

5 E. 15TH ST.  
PANAMA CITY, FL 32405 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LAMBERT, EDWIN O SR  
5 E. 15TH ST.  
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

**Authorized Person(s) Detail :**

Title            PRES  
Name            LAMBERT, EDWIN O SR  
Address        5 E. 15TH ST.  
City-State-Zip: PANAMA CITY FL 32405

Title            MGRM  
Name            LAMBERT, SHARON K  
Address        5 E. 15TH ST.  
City-State-Zip: PANAMA CITY FL 32405

*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:** EDWIN O LAMBERT SR

**PRES**

**08/12/2019**

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

\_\_\_\_\_  
Date