

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000130464

**Entity Name:** KEITH LAWSON SERVICES, LLC

**Current Principal Place of Business:**

4557 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 37309  
TALLAHASSEE, FL 32315-7309

**FEI Number:** 47-2280757

**Certificate of Status Desired:** No

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

LAWSON, KEITH O SR  
4557 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303 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 MGR  
Name LAWSON, KEITH O SR  
Address 4557 CAPITAL CIRCLE NW  
City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT  
Name LAWSON, KEITH O II  
Address PO BOX 37309  
City-State-Zip: TALLAHASSEE FL 32315-7309

Title CORPORATE SECRETARY  
Name LAWSON, CHARLES J  
Address PO BOX 37309  
City-State-Zip: TALLAHASSEE FL 32315-7309

*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:** KEITH O LAWSON II

PRESIDENT

02/22/2023

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

\_\_\_\_\_  
Date