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: GILDA DURANT

Electronic Signature of Signing Authorized Person(s) Detail

Authorized	Person(s)	Detail :
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SIGNATURE: FOSTER LOVETT SR

Authorized	Person(s) Detail :		
Title	MGR	Title	AMBR
Name	DURANT, GILDA SR	Name	STEPHANIE, LAWSON SR
Address	5371 ALCOLA WAY SOUTH	Address	2775 GOMAZ WAY SOUTH
City-State-Zip:	ST. PETERSBURG FL 33712	City-State-Zip:	ST. PETERSBURG FL 33712
Title	AMBR	Title	AMBR
Title Name	AMBR HOSEAZELL, DURANT SR	Title Name	AMBR BENJAMIN, LAWSON SR
Name	HOSEAZELL, DURANT SR	Name	BENJAMIN, LAWSON SR

Name and Address of Current Registered Agent:

400 EAST MLK BLVD SUITE 108

ST PETERSBURG, FL 33712 US

LOVETT, FOSTER S SR

FEI Number: 81-4078893

Electronic Signature of Registered Agent

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

5371 ALCOLA WAY SOUTH ST. PETERSBURG. FL 33712

Entity Name: DURANT & LAWSON ENTERPRISE, LLC

DOCUMENT# L16000192909

Current Principal Place of Business:

5371 ALCOLA WAY SOUTH ST. PETERSBURG. FL 33712

Current Mailing Address:

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.

PRESIDENT

FILED Apr 29, 2019 Secretary of State 6679070675CC

04/29/2019 Date

Certificate of Status Desired: No

Date