

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000186553

**Entity Name:** MEAD LAW & TITLE, PLLC

**Current Principal Place of Business:**

24 WALTER MARTIN ROAD NE  
SUITE 201  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

24 WALTER MARTIN ROAD NE  
SUITE 201  
FORT WALTON BEACH, FL 32548 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MEAD, JOHN S  
24 WALTER MARTIN ROAD NE  
SUITE 201  
FORT WALTON BEACH, FL 32548 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 MEAD, MICHAEL W  
Address 24 WALTER MARTIN ROAD NE, SUITE 201  
City-State-Zip: FORT WALTON BEACH FL 32548

Title MGR  
Name MEAD, MICHAEL W JR.  
Address 24 WALTER MARTIN ROAD NE, SUITE 201  
City-State-Zip: FORT WALTON BEACH FL 32548

Title MGR  
Name MEAD, JOHN S  
Address 24 WALTER MARTIN ROAD NE, SUITE 201  
City-State-Zip: FORT WALTON BEACH FL 32548

*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:** JOHN S. MEAD

**MANAGER**

**03/16/2023**

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

\_\_\_\_\_  
Date