

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000001630

**Entity Name:** ZACHARIAS LAWRENCE LLC**Current Principal Place of Business:**600 N WILLOW AVE STE 301  
TAMPA, FL 33606**Current Mailing Address:**600 N WILLOW AVE STE 301  
TAMPA, FL 33606 US**FEI Number:** 83-3055380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZACHARIAS, GREGORY  
167 BARBADOS AVE  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | MGR                |
| Name            | ZACHARIAS, GREGORY |
| Address         | 167 BARBADOS AVE   |
| City-State-Zip: | TAMPA FL 33606     |

|                 |                        |
|-----------------|------------------------|
| Title           | MBR                    |
| Name            | ZACHARIAS CPA GROUP PA |
| Address         | 167 BARBADOS AVE       |
| City-State-Zip: | TAMPA FL 33606         |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | LAWRENCE, RUSSELL     |
| Address         | 7501 S WESTSHORE BLVD |
| City-State-Zip: | TAMPA FL 33616        |

|                 |                          |
|-----------------|--------------------------|
| Title           | MBR                      |
| Name            | RUSSELL LAWRENCE CPA LLC |
| Address         | 7501 S WESTSHORE BLVD    |
| City-State-Zip: | TAMPA FL 33616           |

*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: GREGORY ZACHARIAS****MANAGER****01/12/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date