

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000008167

**Entity Name:** LINDSAY ZARIFE, LLC

**Current Principal Place of Business:**

2140 PACETTI RD.  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

2140 PACETTI RD.  
SAINT AUGUSTINE, FL 32092

**FEI Number: 83-4679761**

**Certificate of Status Desired: No**

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

ZARIFE, LINDSAY  
2140 PACETTI RD.  
SAINT AUGUSTINE, FL 32092 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 AR  
Name ZARIFE, LINDSAY  
Address 2140 PACETTI RD.  
City-State-Zip: ST. AUGUSTINE FL 32092

*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: LINDSAY ZARIFE**

**PRESIDENT**

**04/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date