

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000184389

**Entity Name:** LAWSON CONSULTING GROUP, LLC

**Current Principal Place of Business:**

1064 W. HWY 50  
CLERMONT, FL 34711

**Current Mailing Address:**

PO BOX 121431  
CLERMONT, FL 34712 US

**FEI Number:** 85-1910715

**Certificate of Status Desired:** No

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

LOWMAN S, WILLIAM R JR ESQ  
1000 LEGION PLACE STE 1700  
ORLANDO, FL 32801 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, WILLIAM E  
Address PO BOX 121431  
City-State-Zip: CLERMONT FL 34712

*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:** WILLIAM E. LAWSON

**MANAGER**

**01/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date