

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000010773

**Entity Name:** ZKE NOTARY & SIGNING SERVICES, LLC

**Current Principal Place of Business:**

500 S AUSTRALIAN AVE  
SUITE 600 ROOM 1110  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

406 ONTARIO PLACE  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 86-1281260

**Certificate of Status Desired:** No

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

CRAWFORD, TIFFANY  
406 ONTARIO PLACE  
WEST PALM BEACH, FL 33409 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 CRAWFORD, TIFFANY  
Address 7750 OKEECHOBEE BOULEVARD  
SUITE #4-1033  
City-State-Zip: WEST PALM BEACH FL 33411

*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: TIFFANY CRAWFORD

CEO

05/01/2023

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

\_\_\_\_\_  
Date