

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000103204

**Entity Name:** LAZALA EXCHANGE LLC

**Current Principal Place of Business:**

900 RIGGINS RD  
APT 633  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

900 RIGGINS RD  
APT 633  
TALLAHASSEE, FL 32308 US

**FEI Number:** 86-3290720

**Certificate of Status Desired:** No

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

LAZALA, CHRISTOPHER  
900 RIGGINS RD  
APT 633  
TALLAHASSEE, FL 32308 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           MANAGER, AUTHORIZED MEMBER  
Name           LAZALA, CHRISTOPHER  
Address        900 RIGGINS RD  
                  APT 633  
City-State-Zip: TALLAHASSEE FL 32308

Title           AUTHORIZED MEMBER  
Name           LAZALA, RANDOL  
Address        900 RIGGINS RD  
                  APT 633  
City-State-Zip: TALLAHASSEE FL 32308

*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:** CHRISTOPHER LAZALA

**MANAGER**

**04/29/2024**

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

\_\_\_\_\_  
Date