


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L0000007867	
1. Entity Name LOOK SIGNS, LC	

Principal Place of Business 1403 E. STATE ROAD 44 WILDWOOD, FL 34785	Mailing Address P.O. BOX 1620 LAKE PANASOFFKEE, FL 33538
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04032008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3656720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, TIMOTHY A ESQ.
 % HARLLEE, PORGES, HAMLIN, KNOWLES
 1205 MANATEE AVE. WEST
 BRADENTON, FL 34205

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, ANDREW WAYNE 8414 COUNTY ROAD 221 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, DRENAN C 7214 COUNTY ROAD 219 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERUFF, CARLOS M 4832 78TH ST. EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, SHERILYN P.O. BOX 1620 LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, VERNELL LEE 8029 SE 12TH COURT OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000902359
 04/30/08-80003-014 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Sherilyn Lee* 4-11-08 352 748 6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #