

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007867

FILED
Jan 23, 2009
Secretary of State

Entity Name: LOOK SIGNS, LC

Current Principal Place of Business:

1403 E. STATE ROAD 44
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1620
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 59-3656720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEE, ANDREW WAYNE
Address: 8414 COUNTY ROAD 221
City-St-Zip: WILDWOOD, FL 34785

Title: MGRM () Delete
Name: LEE, DRENAN C
Address: 7214 COUNTY ROAD 219
City-St-Zip: WILDWOOD, FL 34785

Title: MGRM () Delete
Name: BERUFF, CARLOS M
Address: 4832 78TH ST. EAST
City-St-Zip: BRADENTON, FL 34203

Title: MGRM () Delete
Name: LEE, SHERILYN
Address: P.O. BOX 1620
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: MGRM () Delete
Name: MILLER, VERNELL LEE
Address: 8029 SE 12TH COURT
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHERILYN LEE

PRES

01/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date