

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003060

Entity Name: LEWMIKE, L.L.C.

Current Principal Place of Business:

5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

FEI Number: 59-3764448

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, PA
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256 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 MGRM
Name SCHNEIDER, MICHAEL
Address 5150 BELFORT ROAD BLDG. 100
City-State-Zip: JACKSONVILLE FL 32256

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: MICHAEL SCHNEIDER

M

02/14/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date