

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030794

**Entity Name:** MICHAEL B LEWIS TAX SERVICE LLC

**Current Principal Place of Business:**

27 NW 2ND AVE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

27 NW 2ND AVE  
HALLANDALE BEACH, FL 33009

**FEI Number:** 26-1562336

**Certificate of Status Desired:** No

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

LEWIS, MICHAEL  
27 NW 2ND AVE  
HALLANDALE BEACH, FL 33009 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	Title	MANAGER
Name	LEWIS, MICHAEL	Name	PAETSCH-LEWIS, BARBARA
Address	27 NW 2ND AVE	Address	27 NW 2ND AVE
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009

*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 B LEWIS

**MANAGER**

**02/25/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date