# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000030794

Entity Name: MICHAEL B LEWIS TAX SERVICE LLC

## **Current Principal Place of Business:**

6750 N ANDREWS AVE SUITE 200 FORT LAUDERDALE, FL 33309

## **Current Mailing Address:**

6750 N ANDREWS AVE SUITE 200 FORT LAUDERDALE, FL 33309 US

## FEI Number: 26-1562336

## Name and Address of Current Registered Agent:

MICHAEL, B LEWIS 6750 N ANDREWS AVE SUITE 200 FORT LAUDERDALE, FL 33309 US Certificate of Status Desired: Yes

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                     | : MICHAEL B LEWIS                        |                 | 04/0                            | 04/2017 |
|-------------------------------|--|-----------------|---------------------------------|---------|
|                               | Electronic Signature of Registered Agent |                 |                                 | Date    |
| Authorized Person(s) Detail : |  |                 |                                 |         |
| Title                         | MGRM                                     | Title           | MANAGER                         |         |
| Name                          | LEWIS, MICHAEL B                         | Name            | PAETSCH-LEWIS, BARBARA ANNE     |         |
| Address                       | 6750 N ANDREWS AVE<br>SUITE 200          | Address         | 6750 N ANDREWS AVE<br>SUITE 200 |         |
| City-State-Zip:               | FORT LAUDERDALE FL 33309                 | City-State-Zip: | FORT LAUDERDALE FL 33309        |         |

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

MANGER

04/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 04, 2017 Secretary of State CC2984528619