

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000027071

Entity Name: PHILIP C LEMKE LLC

Current Principal Place of Business:

4290 SUNSHINE BLVD
SAINT JAMES CITY, FL 33956

Current Mailing Address:

4290 SUNSHINE BLVD
SAINT JAMES CITY, FL 33956

FEI Number: 46-2095622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEMKE, LOIS V
4290 SUNSHINE BLVD
SAINT JAMES CITY, FL 33956 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	MGR	Title	MGRM
Name	LEMKE, PHILIP C	Name	LEMKE, LOIS V
Address	4290 SUNSHINE BLVD	Address	4290 SUNSHINE BLVD
City-State-Zip:	SAINT JAMES CITY FL 33956	City-State-Zip:	SAINT JAMES CITY FL 33956

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: LOIS LEMKE

MGRM

04/14/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date