

**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  
Name LEMKE, PHILIP C  
Address 4290 SUNSHINE BLVD  
City-State-Zip: SAINT JAMES CITY FL 33956

Title MGRM  
Name LEMKE, LOIS V  
Address 4290 SUNSHINE BLVD  
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