

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000157913

**Entity Name:** DR. MIKE LEWEN, LLC

**Current Principal Place of Business:**

151 NC HWY 9 STE B242  
BLACK MOUNTAIN, NC 28711

**Current Mailing Address:**

151 NC HWY 9 STE B242  
BLACK MOUNTAIN, NC 28711 US

**FEI Number:** 81-3689298

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
3030 N. ROCKY POINT DR., STE 150A  
TAMPA, FL 33607 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 LEWEN, MICHAEL S  
Address 151 NC HWY 9 STE B242  
City-State-Zip: BLACK MOUNTAIN NC 28711

Title AMBR  
Name MELOT, JOHN Y  
Address 151 NC HWY 9 STE B242  
City-State-Zip: BLACK MOUNTAIN NC 28711

*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:** JOHN MELOT

**ACCOUNTANT**

**04/15/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date