

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000019060

**Entity Name:** LEWIS SERVICES LLC

**Current Principal Place of Business:**

12359 W STANDISH DR  
HOMOSASSA, FL 34448

**Current Mailing Address:**

12359 W STANDISH DR  
HOMOSASSA, FL 34448 US

**FEI Number:** 36-4994487

**Certificate of Status Desired:** No

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

TAX SAVERS OF AMERICA, INC.  
3465 BONITA BEACH ROAD  
SUITE 12  
BONITA SPRINGS, FL 34134 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	AMBR	Title	AMBR
Name	LEWIS, PAMELA D	Name	LEWIS, MICHAEL B
Address	12359 W STANDISH DR	Address	12359 W STANDISH DR
City-State-Zip:	HOMOSASSA FL 34448	City-State-Zip:	HOMOSASSA FL 34448

*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:** PAMELA D LEWIS

AMBR

01/20/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date