

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007867

1. Entity Name
LOOK SIGNS, LC



Principal Place of Business
1403 E. STATE ROAD 44
WILDWOOD, FL 34785

Mailing Address
P.O. BOX 1620
LAKE PANASOFFKEE, FL 33538



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3656720

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, TIMOTHY A ESQ.
% HARLLEE, PORGES, HAMLIN, KNOWLES
1205 MANATEE AVE. WEST
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000182203
01/19/05-80016-022 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEE, ANDREW WAYNE
STREET ADDRESS	8414 COUNTY ROAD 221
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	MGRM
NAME	LEE, DRENAN C
STREET ADDRESS	7214 COUNTY ROAD 219
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	MGRM
NAME	BERUFF, CARLOS M
STREET ADDRESS	4832 78TH ST. EAST
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	MGRM
NAME	LEE, SHERILYN
STREET ADDRESS	P.O. BOX 1620
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	MGRM
NAME	MILLER, VERNELL LEE
STREET ADDRESS	8029 SE 12TH COURT
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Sherilyn Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

352-748-2211