

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007867

Entity Name: LOOK SIGNS, LC

FILED  
Jan 23, 2009  
Secretary of State

**Current Principal Place of Business:**

1403 E. STATE ROAD 44  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1620  
LAKE PANASOFFKEE, FL 33538

**New Mailing Address:**

FEI Number: 59-3656720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEE, ANDREW WAYNE  
Address: 8414 COUNTY ROAD 221  
City-St-Zip: WILDWOOD, FL 34785

Title: MGRM ( ) Delete  
Name: LEE, DRENAN C  
Address: 7214 COUNTY ROAD 219  
City-St-Zip: WILDWOOD, FL 34785

Title: MGRM ( ) Delete  
Name: BERUFF, CARLOS M  
Address: 4832 78TH ST. EAST  
City-St-Zip: BRADENTON, FL 34203

Title: MGRM ( ) Delete  
Name: LEE, SHERILYN  
Address: P.O. BOX 1620  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: MGRM ( ) Delete  
Name: MILLER, VERNELL LEE  
Address: 8029 SE 12TH COURT  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHERILYN LEE

PRES

01/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date