

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007867

FILED  
May 06, 2010  
Secretary of State

Entity Name: LOOK SIGNS, LC

**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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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:**

KNOWLES, TIMOTHY A ESQ.  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205 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

05/06/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM  
Name: LEE, DRENNAN C  
Address: 7214 COUNTY ROAD 219  
City-St-Zip: WILDWOOD, FL 34785

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

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

I hereby 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

MGRM

05/06/2010

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