

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000000191

1. Entity Name
LEWISWOOD CENTER AND STORAGE, LLC



Principal Place of Business
8169 WOODVILLE HIGHWAY
TALLAHASSEE, FL 32305

Mailing Address
P.O. BOX 750
WOODVILLE, FL 32362

FILED
07 APR 20 PM 3:37
BK
SECRETARY OF STATE
TALLAHASSEE, FL 32304



04132007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
59-3688311

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, DEBRA H
8169 WOODVILLE HIGHWAY
TALLAHASSEE, FL 32305

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	LEWIS, DEBRA H
STREET ADDRESS	PO BOX 750
CITY-ST-ZIP	WOODVILLE, FL 32362
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Debra H. Lewis Debra H. Lewis

Date

4/19/07

Daytime Phone #

(850)
421-5039