

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000004702**

1. Entity Name  
**LIZA BISHOP FAMILY L.L.C.**



Principal Place of Business

**48 OVERLOCK ROAD  
P.O. BOX 245  
LEVANT, ME 04456**

Mailing Address

**48 OVERLOCK ROAD  
P.O. BOX 245  
LEVANT, ME 04456**



03302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**01-0542076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GARDNER, MERRITT A  
401 E. JACKSON ST., STE. 2650  
TAMPA, FL 33602**

**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	MGR
NAME	BURGOYNE, LIZA G
STREET ADDRESS	48 OVERLOCK ROAD
CITY-ST-ZIP	LEVANT, ME 04456

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05/18/07-80092-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

*Liza G. Bishop*

**LIZA G. Bishop**

**4/26/07**

**207-884-8109**