

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90452 032 \*\*\*\*50.00

**DOCUMENT # L01000010394**

1. Entity Name  
**LOIS GROUP, LLC**



Principal Place of Business

**1111 THIRD AVENUE WEST, STE 300  
BRADENTON, FL 34205**

Mailing Address

**1111 THIRD AVENUE WEST, STE 300  
BRADENTON, FL 34205**

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

**01-0582629**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DYE, STEPHEN R  
1111 THIRD AVENUE WEST, STE 300  
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)

**STEPHEN R. DYE**

**4-14-04**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SCHROPP, STEVEN R  
3501 ANDERSON RD  
OPELIKA, AL 36801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SANDBLOM, CAROL A  
6627 BOXELDER DR  
LINCOLN, NE 68506**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PYLE, PATRICIA L  
5000 WATERBURY RD  
DES MOINES, IA 50312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

*Signature and typed or printed name of signing managing member, or authorized officer, director, or shareholder*

**STEPHEN R. DYE**

**4-14-04**

Date

**941 748 4411**

Daytime Phone #