

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90016 031 ****50.00

DOCUMENT # L01000015062

1. Entity Name
LIT, LLC



Principal Place of Business
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

Mailing Address
PO BOX 4195
SARASOTA, FL 34230

DO NOT WRITE IN THIS SPACE



01032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-6388170

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MESSICK, ROBERT E ESQUIRE
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

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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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SABLER, S R
1801 N TAMIAMI TRAIL
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NESSICK, ROBERT E
2033 MAIN ST. # 600
SARASOTA, FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REPRESENTATIVE

Date

Daytime Phone #