

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000018692

1. Entity Name
LEWIS, BIRCH & RICARDO, LLC



Principal Place of Business
**1401 COURT STREET
CLEARWATER, FL 33756**

Mailing Address
**1401 COURT STREET
CLEARWATER, FL 33756**



04082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0000304

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KINDT, MICHAEL D
1401 CT ST
CLEARWATER, FL 33756**

**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, 2004**

000000128535
04/26/04-80041-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
LEWIS, MICHAEL E CPA
1401 COURT STREET
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BIRCH, DOUGLAS R CPA
1401 COURT STREET
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
RICARDO, RONALD M CPA
1401 COURT STREET
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
GILMAN, CRAIG A CPA
1401 COURT STREET
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
KINDT, MICHAEL D CPA
1401 COURT STREET
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MILLS, KATHLEEN M CPA
1401 COURT STREET
CLEARWATER, FL 33756**

**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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-20-04

Date

727-446-3058

Daytime Phone #