

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 28, 2005 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**

DO NOT WRITE IN THIS SPACE



03182005No Chg-LLC

CR2E083 (10/03)

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, 2005**

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 608, Florida Statutes.

SIGNATURE:

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

Douglas R Birch
Douglas R Birch

Date

727-446-3058

Daytime Phone #