

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90152 019 ****50.00

60024332



DOCUMENT # L02000014418	
1. Entity Name TRES AMIGOS, LLC	



Principal Place of Business 6639 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216	Mailing Address 6639 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box # 4181 Southpoint TRAE	3. Mailing Address 4181 Southpoint TRAE, E.
Suite, Apt. #, etc. 400	Suite, Apt. #, etc. 400
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32216	Country USA

02262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 30-0109057	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWIS, MURRAY A. 6639 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEWIS, MURRAY A 6639 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MURRAY A. LEWIS 3-13-07 904-296-0901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

60024332

Division of Corporations**Annual Report**

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Document Number L02000014418
Business Entity Name TRES AMIGOS, LLC
FEI Number 300109057
FEI Number Status
Certificate of Status Desired No

Principal Place of Business

Address 4181 SOUTHPOINT DRIVE EAST,
Suite, Apt. #, etc. SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216

Mailing Address

Address 4181 SOUTHPOINT DRIVE EAST,
Suite, Apt. #, etc. SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216

Name and Address of Registered Agent

Name (Last, First, Middle, Title) LEWIS, MURRAY, A, MGRM
Address 4181 SOUTHPOINT DRIVE EAST,
Suite, Apt. #, etc. SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216 US
Registered Agent Signature MURRAY A. LEWIS

Managing Member/Manager Name and Address

Title MGRM
Name (Last, First, Middle, Title) LEWIS, MURRAY, A, MGRM
Street Address 4181 SOUTHPOINT DRIVE EAST SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216

Title

MGRM

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Managing Member/Manager Signature MURRAY A. LEWIS

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