

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000002465

1. Entity Name
LYSC VENTURE, LLC



Principal Place of Business

**4836 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34746**

Mailing Address

**4836 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34746**

DO NOT WRITE IN THIS SPACE



02092008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0665081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOUNG, JOHNSON
4836 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34746**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
YOUNG, JOHNSON
4836 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34746**

TITLE
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04/22/06-80032-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

407-998
-1473