

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

3/

03-13-2007 90273 001 \*\*\*100.00

**DOCUMENT # L03000033340**

1. Entity Name  
**LEWIS, L.L.C.**



Principal Place of Business

**11401 STARKEY RD  
LARGO, FL 33773**

Mailing Address

**11401 STARKEY RD  
LARGO, FL 33773**

**DO NOT WRITE IN THIS SPACE**

02252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0204845**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROSS, ALEXANDER L  
11401 STARKEY RD  
LARGO, FL 33773**

**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, 2007.**

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
ROSS, NORMAN L JR.  
5824 RIGELS HARBOR RD.  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
ROSS, ALEXANDER L  
11401 STARKEY RD  
LARGO, FL 33773**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 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:**

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

Date

Daytime Phone #