

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000049853

Entity Name: WAYNE LEWIN "LLC"

**FILED**  
**Jun 16, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

317 HARDIN AVENUE  
ANNA MARIA, FL 34216

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1394  
ANNA MARIA, FL 342161394

**New Mailing Address:**

FEI Number: 65-1058770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEWIN, WAYNE  
317 HARDIN AVENUE  
ANNA MARIA, FL 34216      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LEWIN, WAYNE  
Address: P.O. BOX 1394  
City-St-Zip: ANNA MARIA, FL 342161394

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WAYNE LEWIN

MGR

06/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date