


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90031 031 ****50.00

DOCUMENT # L03000050322 1. Entity Name LEWIS MATHEWS, LLC					
Principal Place of Business PO BOX 636 DAVENPORT, FL 33836			Mailing Address PO BOX 636 DAVENPORT, FL 33836		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATHEWS, LEWIS 17 E. MAGNOLIA ST DAVENPORT, FL 33837				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATHEWS, LEWIS PO BOX 636 DAVENPORT, FL 33836 <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
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
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 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: <i>Levi Mathews</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				8/30/04 (863) 422-4118 <small>Date Daytime Phone #</small>	

24082620



08242004 Chg-LLC CR2E083 (10/03)

4. FEI Number **51-0490022** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒



Attachment 24682020
L83000650322

G.T. Nunez & Associates, P.A.

Certified Public Accountants

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: Lewis Mathews, LLC
51-0490029
2004 Limited Liability Company Annual Report

Gentlemen:

On behalf of the above taxpayer we are filing the 2004 Limited Liability Company Annual Report. This was not filed in a timely manner due to the fact that Mr. Mathews lost his eye sight and was not able to read the reminder card that was sent to him. If confirmation of Mr. Mathew's eye sight is required please let us know and we would be happy to provide you with same.

G.T. Nunez & Associates