



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000051296</b> 1. Entity Name <b>LAWRENCE ENTERPRISES, LLC</b>	
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Principal Place of Business <b>6562 49TH AVE N ST. PETERSBURG, FL 33709 US</b>	Mailing Address <b>6562 49TH AVE N ST. PETERSBURG, FL 33709 US</b>
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**DO NOT WRITE IN THIS SPACE**



03252008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-0458186</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LAWRENCE, TOM  
6562 49TH AVE N  
ST. PETERSBURG, FL 33709**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000881929  
04/16/08-80020-014 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LAWRENCE, TOM 6562 49TH AVE N ST. PETERSBURG, FL 33709</b>
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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:** Tom Lawrence **4-1-08** **727-444-2932**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #