

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # L03000054381



Mailing Address:  
PO BOX 207  
SAINT PETERSBURG, FL 33742

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CR2E083 (12/07)

Applied For
Not Applicable

**\$5.00** Additional  
Fee Required

LEWIS, MARK R SR  
6830 CENTRAL AVE., SUITE D  
ST. PETERSBURG, FL 33707

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SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent sign)

required when reinstating)

DATE \_\_\_\_\_

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

obtained in Chapter 119, Florida Statutes. I further certify that the information set as if made under oath; that I am a managing member or manager of the by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER

46 FR (U. S. H. O. R. I. Z. ) 8500

**LIVE**

Date \_\_\_\_\_

### Daytime Phase 4