

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90189 007 ****55.00

DOCUMENT # L04000002384

1. Entity Name

LEWIS DAMPIER, LLC



Principal Place of Business

190 DICKEY LN
BARBERVILLE FL 32105
US

Mailing Address

POBOX 295 RT 2
BARBERVILLE FL 32105
US



2. Principal Place of Business - No P.O. Box #

190 Dickey Ln.
Suite, Apt. #, etc.
190

3. Mailing Address

P.O. Box 295
Suite, Apt. #, etc.

City & State

Barberville FL

City & State

Barberville, FL

Zip

32105

Country

USA

Zip

32105

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

43-1632899

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAMPIER, LEWIS W
190 DICKEY LN
BARBERVILLE FL 32105

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

(NOTE: Registered Agent signature required when re-registering)

[Signature]

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DAMPIER, LEWIS W 190 DICKEY LN BARBERVILLE FL 32105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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:

Lewis Dampier

2-23-07 386-527-1636

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

Date

Daytime Phone #