

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90005 016 ***138.75

DOCUMENT # L05000046909

1. Entity Name
ANDREWS MANAGEMENT GROUP, LLC



Principal Place of Business
**227 W. NEW ENGLAND AVE.
A
WINTER PARK, FL 32789**

Mailing Address
**P. O. BOX 732
WINTER PARK, FL 32790**

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04172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1765831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDREWS, JAMES
227 W. NEW ENGLAND AVE.
SUITE A
WINTER PARK, FL 32789**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, JAMES 227 W. NEW ENGLAND AVE. WINTER PARK, FL 32790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Member Donna Climerhage 1150 Central Circle #205 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corseberry 21 32707
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**DO NOT WRITE
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:

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

Date

Daytime Phone #