

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L05000047576

1. Entity Name
SOLOMON & IRVING, LLC



Principal Place of Business
**623 BAYSIDE DRIVE
FORT MYERS, FL 33919**

Mailing Address
**623 BAYSIDE DRIVE
FORT MYERS, FL 33919**



04282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-4574085

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JEWITT, JEFFREY J SR.
623 BAYSIDE DRIVE
FORT MYERS, FL 33919**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE : MGR
NAME : JEFFREY JAMES JEWITT
STREET ADDRESS : 623 BAYSIDE DRIVE
CITY-ST-ZIP : FORT MYERS, FL 33919

TITLE : MGRM
NAME : JEWITT, MARY
STREET ADDRESS : 623 BAYSIDE DRIVE
CITY-ST-ZIP : FORT MYERS, FL 33919

TITLE : MGRM
NAME : JEWITT, JEFFREY JR
STREET ADDRESS : 623 BAYSIDE DRIVE
CITY-ST-ZIP : FORT MYERS, FL 33919

TITLE : MGRM
NAME : KELLY JEWITT TRUST FUND
STREET ADDRESS : 623 BAYSIDE DRIVE
CITY-ST-ZIP : FORT MYERS, FL 33919

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

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05/29/07-80022-014 50.00

**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: ✓ *Jeffrey J. Jewitt*

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

managing member

4/30/07

Date

239 432 1550

Daytime Phone #