

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000047578**

1. Entity Name  
**IRVING & SOLOMON, LLC**



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

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



04292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4574086**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JEFFREY JAMES JEWITT, TRUSTEE  
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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	JEFFREY JAMES JEWITT, TRUSTEE
STREET ADDRESS	623 BAYSIDE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGRM
NAME	JEFFREY JEWITT ROTH IRA
STREET ADDRESS	623 BAYSIDE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGRM
NAME	MARY JEWITT 401 INDIVIDUAL (K) IRA
STREET ADDRESS	623 BAYSIDE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGRM
NAME	MARY JEWITT ROTH IRA
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	

U00000943793  
05/29/08-80074-008 138.75

**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

*Jeffrey J Jewitt*  
**Jeffrey J Jewitt**

*Managing Member 4/29/08*

*239-432-1550*

Date

Daytime Phone #