

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104697

Entity Name: LIS, LLC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

2040 CLARKE AVENUE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

2040 CLARKE AVENUE
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 20-3948535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PHOENIX, CHARLES PT
12800 UNIVERSITY DRIVE, SUITE 260
FORT MYERS, FL 33907 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASE, ROBERT
Address: 2040 CLARKE AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: MGRM () Delete
Name: CASE, KATHLEEN
Address: 2040 CLARKE AVENUE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT CASE

MGRM

07/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date