

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000104697

Entity Name: LIS, LLC

**FILED**  
**Feb 10, 2010**  
**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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CONNOLLY, AMIE  
21430 PALM BEACH BLVD.  
ALVA, FL 33920 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: AMIE B. CONNOLLY

02/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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 W. CASE

MRGM

02/10/2010

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