

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000107569

Entity Name: LEMAC, LLC

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4527 ARNOLD AVE  
NAPLES, FL 341043339 US

**New Principal Place of Business:**

**Current Mailing Address:**

4527 ARNOLD AVE  
NAPLES, FL 341043339 US

**New Mailing Address:**

FEI Number: 20-3745293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAMS, T E  
4527 ARNOLD AVE  
NAPLES, FL 341043339 US

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

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  
Name: SAMS, T E  
Address: 4527 ARNOLD AVE  
City-St-Zip: NAPLES, FL 341043339 US

Title: MGRM  
Name: EGAN, K M  
Address: 4527 ARNOLD AVE  
City-St-Zip: NAPLES, FL 341043339 US

Title: MGRM  
Name: BROWN, J F  
Address: 4527 ARNOLD AVE  
City-St-Zip: NAPLES, FL 341043339 US

Title: MGRM  
Name: SAMS, L M  
Address: 4527 ARNOLD AVE  
City-St-Zip: NAPLES, FL 341043339 US

Title: TRES  
Name: BROWN, J E  
Address: 4527 ARNOLD AVE  
City-St-Zip: NAPLES, FL 34104 US

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: T E SAMS

MGRM

02/15/2011

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