

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90068 027 ***138.75

60004148



01212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3885671 Applied For Not Applicable

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

DOCUMENT # L05000116221
1. Entity Name
LEWIS NICHOLAS HERRON, LLC.



Principal Place of Business 7350 SOUTH TAMiami TRAIL SARASOTA, FL 34231 US
Mailing Address 7350 SOUTH TAMiami TRAIL SARASOTA, FL 34231 US

2. Principal Place of Business - No P.O. Box # 7350 S. Tamiami Trail Suite, Apt. #, etc. Suite # 207
3. Mailing Address 7350 S. Tamiami Trail Suite, Apt. #, etc. Suite # 207

City & State Sarasota, FL Zip 34231 Country USA
City & State Sarasota, FL Zip 34231 Country USA

6. Name and Address of Current Registered Agent
HERRON, LEWIS N
7350 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

7. Name and Address of New Registered Agent
Name Herron, Lewis N
Street Address (P.O. Box Number is Not Acceptable)
7350 S. Tamiami Trail, Suite 207
City Sarasota FL Zip Code 34231

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 *Lewis N. Herron* DATE 1-25-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRON, LEWIS N 7350 SOUTH TAMiami TRAIL SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Herron, Lewis N 7350 S. Tamiami Trail, Suite 207 Sarasota, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lewis N. Herron* DATE 1-25-08 (941) 350-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #