

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90048 036 ***138.75

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1. Entity Name
MICHAEL T STEWART AND ASSOCIATES L.L.C



Principal Place of Business
**309 GRANADA BLVD
WARM MINERAL SPRINGS, FL 34287**

Mailing Address
**309 GRANADA BLVD
WARM MINERAL SPRINGS, FL 34287**

50010115



09012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEWART, MICHAEL T
309 GRANADA BLVD
WARM MINERAL SPRINGS, FL FL 34-287**

**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 resigning)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR- PRESIDENT
NAME	STEWART, MICHAEL T
STREET ADDRESS	309 GRANADA BLVD
CITY - ST - ZIP	WARM MINERAL SPRINGS, FL 34287
TITLE	VICE PRESIDENT & CHIEF FINANCIAL OFFICER
NAME	DAVE BAILEY
STREET ADDRESS	420 PENDLETON DR,
CITY - ST - ZIP	VENICE, FL 34292
TITLE	RAY STONER SECRETARY
NAME	330 SAN LORENZO AVE,
STREET ADDRESS	WARM MINERAL SPRINGS
CITY - ST - ZIP	FL, 34287
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

Michael T Stewart

9/2/08

941-681-1095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #