


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90009 038 \*\*\*\*50.00

<b>DOCUMENT # L06000034546</b> 1. Entity Name <b>LEWIS FREIGHTLINES, LLC.</b>					
Principal Place of Business <b>14450 101ST FELLSMERE, FL 32948 US</b>			Mailing Address <b>14450 101ST FELLSMERE, FL 32948 US</b>		
2. Principal Place of Business - No P.O. Box # <b>14450 101st St</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Fellsmere, FL</b>		City & State			
Zip <b>32948</b>		Country <b>U.S.</b>		Zip <b>Indian River</b>	
4. FEI Number <b>86-1165141</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>					<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>LEWIS, BRIAN M 14450 101ST ST FELLSMERE, FL 32948</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 <u>Brian M Lewis - owner</u> DATE <u>1-12-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEWIS, TAMMIE R 14450 101ST FELLSMERE, FL 32948	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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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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.					
<b>SIGNATURE:</b> <u>Brian M Lewis - owner</u>			<u>1-12-07 772-571-9942</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		