2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

~~change by 1-05~~ mad 4-15-08

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000039031

1. Entity Name

LLOYD AND MARILYN ANDREWS, LLC

Principal Place of Business	Mailing Address
5765 TRAILWINDS DR., #121 FT MYERS FL 33907	5765 TRAILWINDS DR., #121 FT MYERS FL 33907

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Same	Suite, Apt. #, etc. as above
City & State	City & State
Zip 33907 Country Lee	Zip 33907 Country Lee

4. FEI Number 20-4700944 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, LLOYD E
5765 TRAILWINDS DR., #121
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

98.75 left to charge they have forgotten for years
400 late fee after 5-1-08

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ANDREWS, LLOYD E		NAME		
STREET ADDRESS	5765 TRAILWINDS DR SUITE 121		STREET ADDRESS	U00000878163	
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP	04/14/08--80043--018 138.75	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Lloyd E. Andrews # 239-275-9345

SIGNATURE: [signature] 2-14-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #