

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000045105

1. Entity Name  
SEWING BY LINDA LEE LLC



Principal Place of Business  
4880 PLACIDA ROAD  
SUITE J  
ENGLEWOOD, FL 34224 US

Mailing Address  
4880 PLACIDA ROAD  
SUITE J  
ENGLEWOOD, FL 34224 US



04142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2589153

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MERCER, LINDA L  
4880 PLAICIDA ROAD  
SUITE J  
ENGLEWOOD, FL 34224

**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 reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MERCER, LINDA L
STREET ADDRESS	4880 PLACIDA ROAD, SUITE J
CITY-ST-ZIP	ENGLEWOOD, FL 34224

TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

000000903637  
04/30/08-80054-011 138.75

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: \_\_\_\_\_

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

Date

Daytime Phone #