

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90120 022 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000048215 1. Entity Name MIKE LEWIS HOME REPAIR & REMODELING, L.L.C.					
Principal Place of Business 2721 GULF BREEZE PARKWAY GULF BREEZE, FL 32563			Mailing Address 2721 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		
2. Principal Place of Business - No P.O. Box # 3727 Saddle Club Circle		3. Mailing Address 3727 Saddle Club Circle			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Pace, FL		City & State Pace, FL		4. FEI Number 20-4899836	
Zip 32571		Country 		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BORDELON & SCHULTZ LAW FIRM, P.L. 2721 GULF BREEZE PARKWAY GULF BREEZE, FL 32563			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 _____ (Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when resubmitting) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President: Mike Lewis 3727 Saddle Club Cir, Pace, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Michael H. Lewis</u> <u>Michael H. Lewis</u> <u>3-14-07</u> <u>850-994-2157</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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