2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000063668

1. Entity Name
CHRIS LEWIS AGENCY LLC

Principal Place of Business	Mailing Address
7179 SCHWAB DRIVE PENSACOLA, FL 32504 US	7179 SCHWAB DRIVE PENSACOLA, FL 32504 US

DO NOT WRITE IN THIS SPACE

03082008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5098187	Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, CHRIS D
7179 SCHWAB DRIVE
PENSACOLA, FL 32504

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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)

04/23/08-80025-001 138.75

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGMR
NAME	LEWIS, CHRIS D
STREET ADDRESS	7179 SCHWAB DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Chris Lewis 4-14-08 850 232 9068

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