

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000100956**

1. Entity Name  
**LISA ELLIS, LLC**



Principal Place of Business  
**614 CHEVY CHASE STREET  
PORT CHARLOTTE, FL 33948**

Mailing Address  
**614 CHEVY CHASE STREET  
PORT CHARLOTTE, FL 33948**



03212008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2617202**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CASH, CHARLES  
24614 NOVA CANE  
PORT CHARLOTTE, FL 33980**

**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: **N/A**

**N/A**

**N/A**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ELLIS, LISA  
614 CHEVY CHASE STREET  
PORT CHARLOTTE, FL 33948**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

U000000867843  
04/08/08-80098-004 143.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Lisa Ellis*

Lisa Ellis

MAR 21 2008

(941) 628-9754