FOR PROFIT CORPORATION 2007 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2007 8:00 am Secretary of State

2007 UNIFORM BUSINESS REPORT (UBR)					Secretary of State		
DOCUMENT #	# L06000110)707			03-28-2007 90187 02	24 ****50.00	
1. Entity Name	,	_					
	LISSI	FILC					
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DO N	OT WRITE	E IN THIS S	DA	^E			
DO N	OI WIXIII	_ 114 11113 3	יראי	JL	•		
2. Principal Place of Business		3. Mailing Address			30005678		
Suite, Apt. #, etc.		1801 S Flagler Drive Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
		1006					
City & State		City & State West Palm Beach, FL			4. FEI Number	X Applied For Not Applicable	
Zip	Country	Zip		untry	5. Certificate of Status Desired	\$8.75 Additional	
·	<u> </u>	33401	USA	7 11		Fee Required	
				7. Nam Name	ne and Address of Current Reg	istered Agent	
DO NOT WRITE				John Incorvaia, Esq. Street Address (P.O. Box Number is Not Acceptable) 14 Boulder Rock Drive			
j	N THIS SF	PACE		14 Dodiaci No	OK DIIVE		
				City		Zip Code	
				Palm Coast	<u> </u>	- 32137	
State of Florida, i	entity submits this s am familiar with, and	tatement for the purpos accept the obligations	se of ch of regis	anging its regis stered agent.	stered office or registered agent,	or both, in the	
SIGNATURE				AIGTE B			
	- May 1 Fee is \$150	of registered agent and title if a .00 Mail to: A			ered Agent signature required when reinst	ating) DATE	
After M	ay 1, Fee is \$550.00	Florida Di		f Corporations	9. Election Campaign Financing	\$5.00 May Be	
	ded UBR is \$61.25 e to Florida Departr	P.O. Box nent of State_Tallahass		32314	Trust Fund Contribution.	Added to Fees	
<u>10.</u>	OFFICERS A	ND DIRECTORS	11.				
TITLE NAME	MGR Susanne Pedersen		TIT				
STREET ADDRESS	1801 S Flager Dr, #	1006	NAI STI	ME REET ADDRESS			
CITY-ST-ZIP	WEst Palm Beach,			Y-ST-ZIP			
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STREET ADDRESS				REET ADDRESS	6		
CITY-ST-ZIP 12. I hereby certify that t	l he information supplied	with this filing does not a	L CIT	Y-ST-ZIP	tated in Section 119.07(3)(i), Florida	Statutes I further	
certify that the inform	nation indicated on this	report or supplemental rep	port is tru	ie and accurate a	and that my signature shall have the	same legal effect	
as if made under oat	h; that I am an pfficer/g	r director of the corporatio	n or the	receiver or truste	ee empowered to execute this report an address, with all other like empo	as required by	
2.1.2,1.1. 00.7.1.900		AL .	or on a	· arracimient Affi	i on dodress, with all other like empt	ANCIEU.	

Susanne Pedersen, MGR
INTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2007

Daytime Phone #

Fr:

Ms. Susanne Pedersen

Lissie LLC

1801 S Flagler Drive, Ste. 1006 West Palm Beach, FL 33401 ATTACHMENT

30005618 #LOW50110707

To:

Florida Department of State, Division of Corporations

Re:

Annual Filing

Attached hereto is my corrected 2007 Uniform Business Report and a copy of your letter. A FEI Number has not yet been issued by the IRS, so I cannot provide the same with this filing. Please process my Annual Report. I hope that the IRS has issued an FEI number by next year, at which time I can report the same on my annual report. This report does however meet with the requirements of Fla. Stat. Section 607.1622, therefore please file it. Thank you for your assistance.

Yours truly,

Ms. Susanne Pedersen Manager, Lissie LLC