

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90054 032 ***138.75

DOCUMENT # L07000007388

1. Entity Name
LOWREY FAMILY FINANCIAL SERVICES, LLC



Principal Place of Business
**175 2ND STREET SOUTH
907
ST PETERSBURG, FL 33701**

Mailing Address
**175 2ND STREET SOUTH
907
ST PETERSBURG, FL 33701**

60008493



2. Principal Place of Business - No P.O. Box #

4501 E. Columbus Drive

3. Mailing Address

4501 E. Columbus Drive

Suite, Apt. #, etc.

Tampa, FL

Suite, Apt. #, etc.

Tampa, FL

City & State

33605 US

City & State

33605 US

Zip

Country

Zip

Country

02132008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8392202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOWREY, DAVID D
175 2ND STREET SOUTH
907
ST PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name

Lowrey, David D

Street Address (P.O. Box Number is Not Acceptable)

4501 E. Columbus Drive

City

Tampa

FL

Zip Code

33605

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

David Lowrey

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/08

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LOWREY, DAVID D
STREET ADDRESS 175 2ND STREET SOUTH #907
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME Lowrey, David D
STREET ADDRESS 4501 E. Columbus Drive
CITY-ST-ZIP Tampa, FL 33605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David Lowrey

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

2/12/08

Date

813-299-1188

Daytime Phone #