

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030794

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** MICHAEL B LEWIS TAX SERVICE LLC

**Current Principal Place of Business:**

1919 NE 168TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

27 NW 2ND AVE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1919 NE 168TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

101 NW 2ND AVE  
HALLANDALE BEACH, FL 33009

FEI Number: 26-1562336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, MICHAEL  
1919 NE 168TH STREET  
NORTH MIAMI BEACH FL, FL 33162 US

**Name and Address of New Registered Agent:**

LEWIS, MICHAEL  
101 NW 2ND AVE  
HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE: MICHAEL B LEWIS

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEWIS, MICHAEL  
Address: 101 NW 2ND AVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEWIS, MICHAEL  
Address: 101 NW 2ND AVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL B LEWIS

MGRM

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date