# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 23, 2008**
**Secretary of State**

DOCUMENT# L07000043959

**Entity Name:** LAWSONICS LLC

**Current Principal Place of Business:**

4605 COURTNEY LEE CT
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

4605 COURTNEY LEE CT
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number: 26-0203019** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ARQUETTE, BRETT
4605 COURTNEY LEE CT
ORLANDO, FL 32812 US

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

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: ARQUETTE, BRETT
Address: 4605 COURTNEY LEE CT
City-St-Zip: ORLANDO, FL 32812

Title: MGRM ( ) Delete
Name: STONE, JOHN
Address: 4605 COURTNEY LEE CT
City-St-Zip: ORLANDO, FL 32812

Title: MGRM ( ) Delete
Name: FAY, DAVID ANTHONY
Address: 463 VICKS LANDING DR.
City-St-Zip: APOKA, FL 32712

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: STONE, JOHN
Address: 511 HIGHLAND AVE
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BRETT ARQUETTE MGRM 01/23/2008

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