

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L07000074535

1. Entity Name

DERAK LEWIS CONSTRUCTION, LLC



FILED

2008 SEP 25 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2nd MOORE CR2E083 (4/08)

Principal Place of Business

117 QUEBEC AVE.
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

117 QUEBEC AVE.
DEFUNIAK SPRINGS FL 32433
US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0557682

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, DERAK G
117 QUEBEC AVE.
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LEWIS, DERAK G
STREET ADDRESS 117 QUEBEC AVE.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE MGR ☐ Delete
NAME LEWIS, APRIL C
STREET ADDRESS 117 QUEBEC AVE.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE MGR ☐ Delete
NAME HORTON, MICHAEL F
STREET ADDRESS 477 HARRISON RD.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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
STREET ADDRESS 200136379782
CITY-ST-ZIP 09/26/08--01027--008 **138.75

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

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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: *Derak Lewis*

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

Date

Daytime Phone #