

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083513

Entity Name: LEE CAMPBELL, PLLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

2096 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

3759 NW 91ST LANE
SUNRISE, FL 33351

New Mailing Address:

2096 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33322

FEI Number: 90-0412476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, SHARI C
3759 NW 91ST LANE
SUNRISE, FL 33351 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: MGR () Delete
Name: LEE, OPAL P
Address: 7401 NW 35TH STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: MGR () Delete
Name: CAMPBELL, SHARI C
Address: 3759 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

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

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: SHARI CAMPBELL

MGR

01/15/2009

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