

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L10000127534**

1. Entity Name

POUX LOTS I, LLC



FILED

11 JUN -6 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

C/O Owens Law Group PA

Suite, Apt. #, ect.

811 Cypress Village Blvd

City & State

Ruskin FL

Zip

33573

Country

USA

3. Mailing Address

C/O Owens Law Group

Suite, Apt. #, ect.

811 Cypress Village Blvd

City & State

RUSKIN FL

Zip

33573

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083B (1/11)

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7. Name and Address of Current Registered Agent

Name

Eric C Fleming

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

Owens Law Group PA

811 Cypress Village Blvd

City

Ruskin

FL

Zip Code

33573

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 fee if applicable.

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

eric@owenslawgroup.pa.com

To be used for future annual report notices

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
FLEMING, ERIC C
811 Cypress Village Blvd
Ruskin FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**Payment originally submitted prior to
May 1.**

10.

**300208508783
06/06/11 01037-002 **138.75**

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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

ERIC C FLEMING

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

10/1/2011

Date

(813) 633-3396

Daytime Phone#