

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L99000005539

1. Entity Name
LWL OF TAMPA, LLC



Principal Place of Business
**12964 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33618**

Mailing Address
**12964 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33618**



01312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3597960

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, MICHAEL J
12964 N DALE HWY
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

000000846604
03/18/08-80036-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALKER, MICHAEL J
12964 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LINSEY, DENNIS
12964 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LINSEY, GEORGE
12964 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

George Linsey 2/27/08 813-960-8896