

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000003142

Entity Name: KRIS LEWICKI & ASSOCIATES, LLC

Current Principal Place of Business:

8890 WEST OAKLAND PARK BOULEVARD
SUITE 202
SUNRISE, FL 33351

Current Mailing Address:

P.O. BOX 030370
FORT LAUDERDALE, FL 33303

FEI Number: 27-4480819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWICKI, KRISTOF
8890 W. OAKLAND PARK BLVD.
SUITE 202
SUNRISE, FL 33351 US

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

Authorized Person(s) Detail :

Title MGR
Name LEWICKI, KRISTOF
Address P.O. BOX 030370
City-State-Zip: FORT LAUDERDALE FL 33303

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTOF LEWICKI

MANAGER

01/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date