

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000058073

**Entity Name:** LEWIS SOLUTIONS, LLC

**Current Principal Place of Business:**

13966 BALD CYPRESS CIRCLE  
FORT MYERS, FL 33907

**Current Mailing Address:**

13966 BALD CYPRESS CIRCLE  
FORT MYERS, FL 33907 US

**FEI Number:** 46-0614143

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEWIS, RICHARD  
13966 BALD CYPRESS CIRCLE  
FORT MYERS, FL 33907 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:** KARYN LEWIS

03/29/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEWIS, KARYN  
Address 13966 BALD CYPRESS CIRCLE  
City-State-Zip: FORT MYERS FL 33907

Title MGR  
Name LEWIS, RICHARD  
Address 13966 BALD CYPRESS CIRCLE  
City-State-Zip: FORT MYERS FL 33907

Title AMBR  
Name LEWIS, KARYN  
Address 13966 BALD CYPRESS CIRCLE  
City-State-Zip: FORT MYERS FL 33907

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD LEWIS

MGR

03/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date