

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000146535

**Entity Name:** JEFF LEWIS LLC

**Current Principal Place of Business:**

5902 JASPER GLEN DR  
LITHIA, 33547

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC2656067136**

**Current Mailing Address:**

5902 JASPER GLEN DR  
LITHIA, FL 33547 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LEWIS, JEFFREY  
5902 JASPER GLEN DR  
LITHIA, FL 33547 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	Title	MGR
Name	LEWIS, JEFFREY	Name	LEWIS, MELANIE
Address	5902 JASPER GLEN DR	Address	5902 JASPER GLEN DR
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	LITHIA FL 33547

*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:** JEFFREY LEWIS

**MGR**

**04/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date