

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000042437

**Entity Name:** LYSAC, LLC

**Current Principal Place of Business:**

5212 CONE ROAD  
TAMPA, FL 33610

**Current Mailing Address:**

5212 CONE ROAD  
TAMPA, FL 33601 US

**FEI Number:** 32-0524539

**Certificate of Status Desired:** Yes

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

CLARKE, PHILIP K  
1505 N. FLORIDA AVENUE  
TAMPA, FL 33601 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           | AR                     |
| Name            | SHEPARDSON, MICHAEL T | Name            | CLARKE, PHILIP K       |
| Address         | 5212 CONE ROAD        | Address         | 1505 N. FLORIDA AVENUE |
| City-State-Zip: | TAMPA FL 33610        | City-State-Zip: | TAMPA FL 33601         |

*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:** MICHAEL SHEPARDSON

**MANAGER**

**01/18/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date