

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000042915

**Entity Name:** CHERYL LEWIS ASSOCIATES, LLC

**Current Principal Place of Business:**

923 POSADAS W  
VENICE, FL 34285

**Current Mailing Address:**

923 POSADAS W  
VENICE, FL 34285

**FEI Number: 20-2210000**

**Certificate of Status Desired: No**

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

VENICE PRINT CENTER  
20201 S. TAMIAMI TRAIL  
VENICE, FL 34285 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            AMBR  
Name            LEWIS, CHERYL A  
Address         923 POSADAS W  
City-State-Zip: VENICE FL 34285

*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: CHERYL ANN LEWIS**

**PRESIDENT**

**01/22/2019**

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

\_\_\_\_\_ Date