

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029613

FILED
Jul 25, 2006
Secretary of State

Entity Name: DEAN W. MAMMALES D.C., LLC

Current Principal Place of Business:

10233 OKEECHOBEE BLVD
B-6
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

New Mailing Address:

10233 OKEECHOBEE BLVD
B-6
WEST PALM BEACH, FL 33511 US

Current Mailing Address:

8470 NORTHWEST 169 TERRACE
C/O MARITZA GARCIA
MIAMI, FL 33016 US

FEI Number: 20-2572881 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GARCIA, MARITZA
8470 NORTHWEST 169 TERRACE
MIAMI, FL 33016 US

Name and Address of New Registered Agent:

DEAN, MAMMALES W
10233 OKEECHOBEE BLVD
B-6
WEST PALM BEACH, FL 33411 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: DEAN MAMMALES

07/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAMMALES, DEAN
Address: 2340 LINWOOD AVENUE, #4-A
City-St-Zip: FORT LEE, NJ 07024 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAMMALES, DEAN W
Address: 6510 EMERALD DUNES DRIVE #203
City-St-Zip: WEST PALM BEACH, FL 33411 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: DEAN W MAMMALES

MM

07/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date