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L06000118762

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000118762 1. Entity Name DEES LLC				 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 MAR 17 PM 1:14	
Principal Place of Business 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442 US			Mailing Address PO BOX 400 HERNANDO, FL 34442 US		
2. Principal Place of Business - No P.O. Box # 725 E OVERDRIVE CIRCLE		3. Mailing Address PO BOX 400			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HERNANDO FL		City & State HOLDER FL		4. FEI Number 20-8126422	
Zip 34442		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIJAS, ERNEST J SR 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442		7. Name and Address of New Registered Agent Name SEIJAS, ERNEST J SR Street Address (P.O. Box Number is Not Acceptable) 725 E OVERDRIVE CIRCLE City HERNANDO FL Zip Code 34442			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM SEIJAS, ERNEST J SR 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 725 E OVERDRIVE CIRCLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM SEIJAS, ERNEST J JR 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 725 E OVERDRIVE CIRCLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM SEIJAS, DAVID R 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 725 E OVERDRIVE CIRCLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
REINSTATEMENT WOP 2007-2008 600121332986 03/26/08--01026--008 **138.75					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

DEES LLC
PO BOX 400
HOLDER FL 34445-0400
(352) 622-1444

ATTACHMENT
30060780

292

FEBRUARY 27, 2008

DIVISION OF CORPORATIONS
PO BOX 6478
TALLAHASSEE FL 32314

Subject: DEES LLC
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT
Document #L06000118762

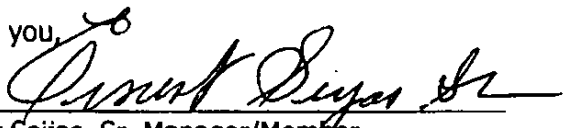
Dear Sirs:

We are asking that you correct your records and reinstate our LLC to active status. We are providing the following documents showing timely filing and payment:

- 1) Signed copy of 2007 LLC Annual Report with a copy of the cancelled "Certificate of Mailing" receipt from the post office. Please note the control number we posted on the Certificate of Mailing and the Annual Report proving timely filing and payment.
- 2) Unsigned copy of the 2007 LLC Annual Report showing the complete form with the corrected address information.
- 3) Front and Back copy of the PAID Money Order dated 4/27/07 with Department of State Deposit stamped 4/30/07.

If you have any further questions, please call my accountant, David Page at 352-622-1444.

Thank you,


Ernest Seijas, Sr, Manager/Member

ES/ls