

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034260

**FILED  
Jan 07, 2015  
Secretary of State  
CC6900519441**

**Entity Name:** D.P. LLC

**Current Principal Place of Business:**

221 WEST SR 434  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 520385  
LONGWOOD, FL 32752

**FEI Number:** 86-1051171

**Certificate of Status Desired:** No

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

PASCHALL, DEBBIE  
221 WEST SR 434  
LONGWOOD, FL 32750 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	PASCHALL, DEBBIE	Name	PASCHALL, WILLIAM
Address	221 WEST SR 434	Address	221 W. S.R. 434
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750

Title MGR  
 Name CHAMBLISS, STANLEY  
 Address 6205 CHELSEA COVE  
 City-State-Zip: NORTHHOPEWELL JUNCTION NY 12533-7113

*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:** DEBBIE PASCHALL

**MGR**

**01/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date