

2001 UNIFORM BUSINESS REPORT (UBR)

0024383 AF

DOCUMENT # L00000001236

1. Entity Name
DEL COMPANY, LLC

Principal Place of Business
2617 S. HWY 77
LYNN HAVEN FL 32444

Mailing Address
PO BOX 1056
LYNN HAVEN FL 32444

FILED

2001 APR 20 AM 11:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12024 Dobbs Lane
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Southport Florida
Zip
32409
Country

City & State
Zip
Country

4. FEI Number
59-3622590
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOBBS, DEBORAH H
2617 S HWY 77
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12024 Dobbs Lane
City Southport FL Zip Code 32409

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Deborah H. Dobbs 12024 Dobbs Lane Southport Florida 32409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Jack L. Dobbs 12024 Dobbs Lane Southport, Florida 32409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004086101-4 -04/27/01--01087--017 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Deborah H. Dobbs

4/18/01
Date

(850) 271-9400
Daytime Phone #

CR2E083 (11/00)