

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009619

1. Entity Name
DEWITT MANAGEMENT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 9:38

Principal Place of Business
14463 W. COLONIAL DRIVE
WINTER GARDEN, FL 34787

Mailing Address
14463 W COLONIAL
WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3664703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEVERNS, ANN
14463 W COLONIAL DRIVE
WINTER GARDEN, FL 34787

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEWITT, DALE A 14463 W. COLONIAL DRIVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEVERNS, ANN 14463 W. COLONIAL DRIVE WINTER GARDEN, FL 34787
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05/31/06--01030--003 **1050.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

407
4/26/06 656-1799