

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

05-04-2005 90035 005 *****55.00

DOCUMENT # L00000013286 1. Entity Name DION'S QUIK MARTS, LLC	
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Principal Place of Business 638 UNITED ST. KEY WEST, FL 33040	Mailing Address PO BOX 1209 KEY WEST, FL 33041-1209
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30008134

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04192005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1049125	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DION, LAWRENCE R 638 UNITED ST KEY WEST, FL 33040 RAMPELL, PAUL 400 ROYAL PALM WAY SUITE 410 PALM BEACH, FL 33480	DO NOT WRITE IN THIS SPACE
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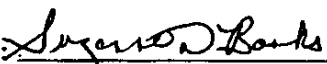
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	DION, LAWRENCE R
NAME DION, LAWRENCE R	638 UNITED ST
STREET ADDRESS 638 UNITED ST	KEY WEST, FL 33040
CITY - ST - ZIP	
TITLE MGR	DION PARTNERSHIP LTD
NAME DION PARTNERSHIP LTD	638 UNITED ST
STREET ADDRESS 638 UNITED ST	KEY WEST, FL 33040
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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  **SUZANNE D. BANKS** **4-29-05** **305-296-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #