

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90054 026 \*\*\*\*50.00

**DOCUMENT # L01000002494**

1. Entity Name  
**DNC PLANT COMPANY, LLC**



Principal Place of Business  
**8313 WEST HILLSBOROUGH AVE.  
SUITE 420  
TAMPA, FL 33615**

Mailing Address  
**8313 WEST HILLSBOROUGH AVE.  
SUITE 420  
TAMPA, FL 33615**

**24054478**



**DO NOT WRITE IN THIS SPACE**

03302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3705957**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HENDEE, BRETT ESQ.  
1700 SOUTH MACDILL AVENUE  
SUITE 200  
TAMPA, FL 33629-5218**

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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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DNC FACTORING, LLC
STREET ADDRESS	8313 WEST HILLSBOROUGH AVE. 9906 Chris Craft Ct
CITY-ST-ZIP	TAMPA, FL 33615 Tampa FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #