

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90025 014 \*\*\*\*50.00

DOCUMENT # **L 01000008525**

1. Entity Name

**DALEE ENTERPRISES LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4851 W. GANDY Blvd**

Suite, Apt. #, etc.

**7-40**

3. Mailing Address

**P.O. BOX 130111**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**TAMPA FLORIDA**

City & State

**TAMPA FLORIDA**

4. FEI Number

**59-3727821**

Applied For

Not Applicable

Zip

**33611**

Country

**Hillsborough**

Zip

**33681-0111**

Country

**Hillsborough**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**MONTE J. LEEDY**

Street Address (P.O. Box Number is Not Acceptable)

**4851 W. GANDY Blvd**

**3-19**

City **TAMPA**

**FL**

Zip Code  
**33611**

**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.

SIGNATURE

*[Signature]*

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**Registered Agent  
MONTE J. LEEDY  
4851 W. GANDY Blvd 3-19  
TAMPA, FLORIDA 33611**

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/15/03**

**# 813-831-2775**

**CELL / P13-220-2618**

CR2E083B (12/01)