

1. Entity Name DEH VAN, LLC

NAME

TITLE

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP TITLE

JO5 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011839

FILED Aug 01, 2005 8:00 am Secretary of State

08-01-2005 90092 023 ****50.00

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Principal Plac	e of Business	Mailing Address			20063848			
3005 CARING WAY PORT CHARLOTTE, FL 33952		3005 CARING WAY Port Charlotte, FL 33952				Marin Control	*	
O Drinning C	Place of Business	3. Mailing Address						
z. Principal P	race of Business	3. Waining Address				88181]]	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07072005	Chg-LLC	CR2E083 (10/03	3)
City & Stat	e	City & State			4. FEI Numbe 65-112			Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	5. Certificate of Status Desired Specificate of Status Desired Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				ĺ
LORICCO, CARLO J 3005 CARING WAY				Street Address (P.O. Box Number is Not Acceptable)				
PORTCH	ARLOTTE, FL 33952				_ ,			
٠ سام				City	FL Zip Code			
the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	register	ed office or registe	red agent, or bot	h, in the State of Flo	orida. I am familiar witi	n, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)	· 	DATE	
Fil Due i	ilng Fee is \$50.00 by September 7, 2005				Make check payable to Florida Department of State			
9.'	MANAGING MEMBE	RS/MANAGERS	10.	,		ADDITIONS	/CHANGES	
TITLE NAME STREET ADDRESS CITY-\$1-ZIP	VEENENDAAL, HERMAN ROSENDAALSELAAN 30 6891 BG ROZENDAAL				•		☐ Change	Addition
TITLE	MGR .	☐ Delete	TITLE				☐ Change	Addiyon
NAMÉ			NAM	· (/ /
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				/
TITLE	□ Delete 11						☐ Change	Addition
NAME			MAM .	-				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				ļ
TITLE		Delete	TITLE				Change	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 truetpe empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

THIS

NAME

TITLE

NAME

SIGNATURE AND TYPED OF AUTHORIZED REPRESENTATIVE

☐ Detete

Delete

☐ Change

☐ Change

☐ Addition

Addition