

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017531

FILED
Mar 20, 2004
Secretary of State

Entity Name: DEPENDABLE VEHICLE DELIVERY, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

504 VINCA PLACE
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

504 VINCA PLACE
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3749594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCANN, HOWARD
504 VINCA PLACE
JACKSONVILLE, FL 32259

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCCANN, HOWARD
Address: 504 VINCA PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR () Delete
Name: MCCANN, MARILYN
Address: 504 VINCA PLACE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HOWARD MCCANN

MGRM

03/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date