

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90350 019 \*\*\*\*50.00

**DOCUMENT # L01000017833**

1. Entity Name

DESKEN, LC.



Principal Place of Business

587 SW MAIN BLVD  
SUITE 100  
LAKE CITY FL 32025

Mailing Address

587 SW MAIN BLVD  
SUITE 100  
LAKE CITY FL 32025

2. Principal Place of Business

587 S.W. Main Blvd  
Suite 100

3. Mailing Address

587 Sw Main Blvd  
Suite 100

City & State

Lake City, FL  
Zip 32025 Country U.S.

City & State

Lake City, FL  
Zip 32025 Country US

4. FEI Number

01-0579050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KENNETH JOYE, DONALD JR.  
989 SOUTH FIRST STREET  
LAKE CITY FL 32025

587 Sw Main Blvd  
Suite 100

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Donald Kenneth Joye, Jr.* Owner

3-29-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME KENNETH JOYE, DONALD JR.  
STREET ADDRESS ROUTE 26, BOX 585  
CITY-ST-ZIP LAKE CITY FL 32024

TITLE MGRM ☐ Delete  
NAME JORDAN JOYE, DESLEIGH  
STREET ADDRESS ROUTE 26, BOX 585  
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Donald Kenneth Joye, Jr.*

3-29-04

386-755-0511

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

Date

Daytime Phone #