

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90130 017 \*\*\*\*50.00

**DOCUMENT # L01000019701**

1. Entity Name  
DTM ENGINEERING, LLC



Principal Place of Business  
3010 WEST NEPTUNE  
TAMPA, FL 33629

Mailing Address  
3010 WEST NEPTUNE  
TAMPA, FL 33629

24063484

2. Principal Place of Business

311 W. HAWA ST  
Suite, Apt. #, etc.

3. Mailing Address

311 W. HAWA ST  
Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip  
33603

Country  
US

Zip  
33603

Country  
US

04192004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
75-2975102

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TODD, GABEL  
3010 WEST NEPTUNE  
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name Juoith Cornelia Cole CPA PA

Street Address (P.O. Box Number is Not Acceptable)  
6707 N. Himes Ave

City TAMPA

FL Zip Code 33614

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 Juioth Cornelia Cole CPA PA  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4/19/04

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME GABEL, TODD  
STREET ADDRESS 3010 WEST NEPTUNE  
CITY-ST-ZIP TAMPA, FL 33629 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 311 W. HAWA ST  
CITY-ST-ZIP TAMPA, FL 33603 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #