

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000020181

1. Entity Name  
DMD CITRUS, LLC



Principal Place of Business

400 EAGLE LAKE LOOP ROAD, EAST  
WINTER HAVEN, FL 33884

Mailing Address

P.O. BOX 589  
WINTER HAVEN, FL 33882

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**



01042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3757171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DUNSON, LESLIE W III  
400 EAGLE LAKE LOOP ROAD, EAST  
WINTER HAVEN, FL 33884

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000292684  
04/07/05-80080-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME DUNSON, LESLIE W JR.  
STREET ADDRESS 400 EAGLE LAKE LOOP ROAD, EAST  
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE MGRM  
NAME MASSEY, MICHAEL L  
STREET ADDRESS 208 PAINE DR.  
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE MGRM  
NAME DUNSON, LESLIE W III  
STREET ADDRESS 400 EAGLE LAKE LOOP ROAD, EAST  
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Leslie W. Dunson III

4/6/05

Date

863-293-9888

Daytime Phone #