

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

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**



04202006No Chg-LLC

CR2E083 (11/05)

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000551159
05/13/06-80087-017 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/24/06 863-293-7888