

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000001202 1. Entity Name DIRIGO MARKETING LLC	
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Principal Place of Business 14001 63RD WAY N. CLEARWATER, FL 33760	Mailing Address 14001 63RD WAY N. CLEARWATER, FL 33760
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0026628	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGINTY, A. EDWARD
BANK OF AMERICA PLAZA
101 E. KENNEDY BLVD., STE. 2800
TAMPA, FL 33602

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROIX, SCOTT G 14001 63RD WAY N. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUTICH, GEORGE 14001 63RD WAY N. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POITRAS, ROBERT 14001 63RD WAY N. CLEARWATER, FL 33760
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Poitras 1/20/05 727-533-8730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #