

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010530

Entity Name: DECO, LLC

**FILED**  
**Apr 13, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

420 S. ROME AVE.  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 130375  
TAMPA, FL 33681

**New Mailing Address:**

FEI Number: 71-0881194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAUGHEY, R.J. II  
100 S. ASHLEY DRIVE  
SUITE 2150  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SHAVER, CLYDE C III  
Address: 420 S. ROME AVE.  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLYDE C. SHAVER 111

MGR

04/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date