2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # L02000013590

1. Entity Name DERMON, LLC

Principal Place of Business

953 RED FOX RD ALTAMONTE SPRINGS, FL 32714 Mailing Address P.O. BOX 940753 MAITLAND, FL 32794

FILED Apr 05, 2004 08:00 AM Secretary of State`



03232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-3062594 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DERMAN, DUMONT A 953 RED FOX RD ALTAMONTE SPRINGS, FL 32714

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8. The above the obligat	anamed entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			U00000103979 04/05/04-80078-016 55.00
9.	MANAGING MEMBERS/MANAGERS		, , , , , , , , , , , , , , , , , , , ,
TITLE NAME	C DERMON, DUMONT A		
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 940753 MAITLAND, FL 32794		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS		·	

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 they my standard th

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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4-1-04

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Daytime Phone &