


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90285 033 ****55.00

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
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2. Principal Place of Business 225 S. Westmonte Dr.		3. Mailing Address	
Suite, Apt. #, etc. Suite 2040		Suite, Apt. #, etc.	
City & State Altamonte Springs, FL		City & State	
Zip 32714	Country USA	Zip	Country

	
03242005 Chg-LLC	CR2E083 (10/03)
4. FEI Number 75-3062594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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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7. Name and Address of New Registered Agent	
Name Dumont A. Derman	
Street Address (P.O. Box Number is Not Acceptable) 225 S. Westmonte Dr.	
Suite Suite 2040	
City Altamonte Springs FL	Zip Code 32714

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 DUMONT A. DERMON <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 3-28-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DERMON, DUMONT A P.O. BOX 940753 MAITLAND, FL 32794 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: DUMONT A. DERMON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: 3-28-05 <small>Daytime Phone #</small>