

**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**



2. Principal Place of Business  
**225 S. Westmonte Dr.**

Suite, Apt. #, etc.  
**Suite 2040**

3. Mailing Address  
 Suite, Apt. #, etc.

03242005 Chg-LLC CR2E083 (10/03)

City & State  
**Altamonte Springs, FL**

City & State

Zip  
**32714**

Country  
**USA**

Zip

Country

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**

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 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** DATE **3-28-05**

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

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

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C DERMON, DUMONT A P.O. BOX 940753 MAITLAND, FL 32794</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **3-28-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #