

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90814 001 ***110.00

DOCUMENT # L02000013590

1. Entity Name

DERMON, LLC



Principal Place of Business

**5043 WINWOOD WAY
ORLANDO FL 32819**

Mailing Address

**5043 WINWOOD WAY
ORLANDO FL 32819**

2. Principal Place of Business

953 Red Fox Road

3. Mailing Address

P.O. Box 940753

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Maitland, FL

4. FEI Number

75-3062594

Applied For

Not Applicable

Zip
32714

Country
USA

Zip
32794

Country
USA

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSMAN, KURT E
5043 WINWOOD WAY
ORLANDO FL 32819**

Name **Dumont A. Derrmon**

Street Address (P.O. Box Number is Not Acceptable)
953 Red Fox Road

City **Altamonte Spgs, FL** **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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **Chairman** ☐ Change ☒ Addition
NAME **Dumont A. Derrmon**
STREET ADDRESS **P.O. Box 940753**
CITY-ST-ZIP **Maitland, FL 32794**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE REQUIRED

3-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)