

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90082 020 \*\*\*138.75

**DOCUMENT # L02000017817**

1. Entity Name  
DUNN AND POLO ENTERPRISES, L.L.C.



Principal Place of Business  
12966 NORTH DALE MABRY  
TAMPA, FL 33618

Mailing Address  
12966 NORTH DALE MABRY  
TAMPA, FL 33618

**60016981**



02222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1661215**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

POLO, MARIO  
12966 NORTH DALE MABRY  
TAMPA, FL 33618

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
POLO, MARIO  
12966 NORTH DALE MABRY  
TAMPA, FL 33618

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DUNN, DANIEL  
9360 VIA SEGOVIA DRIVE  
NEW PORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/26/08**

Date

Daytime Phone # \_\_\_\_\_

Mario Polo