

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90040 028 ****50.00

DOCUMENT # L02000023763

1. Entity Name

DEAN AND LOU ANN THOMPSON ENTERPRISES, LLC



Principal Place of Business

**1173 CORAL LAKE DRIVE
VENICE FL 34285**

Mailing Address

**1173 CORAL LAKE DRIVE
VENICE FL 34292**

2. Principal Place of Business

1173 Coral Lake Drive
Suite, Apt. #, etc.

3. Mailing Address

1173 Coral Lake Drive
Suite, Apt. #, etc.

City & State

Venice Florida

City & State

Venice Florida

Zip

Country

Zip

Country

(34285)

USA

34285

USA

4. FEI Number

36-4506301

Applied For

Not Applicable

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

**THOMPSON, LOU ANN
1173 CORAL LAKE DRIVE
VENICE FL 34292**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Lou Ann Thompson, MANAGER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete
NAME **DEAN M. THOMPSON**
STREET ADDRESS **1173 CORAL LAKE DRIVE**
CITY-ST-ZIP **VENICE, FL, 34285**

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

TITLE **MANAGER** ☐ Delete
NAME **LOU ANN THOMPSON**
STREET ADDRESS **1173 CORAL LAKE DRIVE**
CITY-ST-ZIP **VENICE FL 34285**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

8-26-03

941-496-7716

CR2E083 (4/03)