

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000000360

1. Entity Name
DE-CA MANAGEMENT LLC



Principal Place of Business
16355 CHELTENHAM DRIVE EAST
LOXAHATCHEE, FL 33470

Mailing Address
16355 CHELTENHAM DRIVE EAST
LOXAHATCHEE, FL 33470

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192007

Chg-LLC

CR2E083 (12/06)

4. FEI Number
32-0048798

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHIE, CATHY
16355 CHELTENHAM DRIVE EAST
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent

Name Cathy Smith
Street Address (P.O. Box Number is Not Acceptable)
16355 Cheltenham Dr. East
City Loxahatchee FL Zip Code 33470

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

Cathy Smith

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

(NOTE: Registered Agent signature required when reinstating)

4/26/07

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME RICHIE, CATHY
STREET ADDRESS 16355 E CHELTENHAM DRIVE
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE MGRM ☐ Delete
NAME PETTY, DEBBIE
STREET ADDRESS 1344 DREXMORE AVE
CITY-ST-ZIP CHARLOTTE, NC 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME Cathy Smith
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200105869392
STREET ADDRESS 07/10/07--01039--024 **55.00
CITY-ST-ZIP

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

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

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

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 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:

Cathy Smith

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

4/26/07

Date

501-333-3431

Daytime Phone #

FILED

07 JUL -6 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

