

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000022714

1. Entity Name  
DEWEY INDUSTRIES, LLC



Principal Place of Business  
19104 CANDLE PLACE  
LUTZ, FL 33548

Mailing Address  
19104 CANDLE PLACE  
LUTZ, FL 33548



02062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0482583

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEWEY, LARRY MGR  
19104 CANDLE PL  
LUTZ, FL 33548

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

NAME  
DEWEY, LAWRENCE M  
STREET ADDRESS  
19104 CANDLE PLACE  
CITY-STATE-ZIP  
LUTZ, FL 33548

NAME  
DEWEY, LAWRENCE M  
STREET ADDRESS  
19104 CANDLE PLACE  
CITY-STATE-ZIP  
LUTZ, FL 33548

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000427682  
02/21/06-80018-006 50.00

**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: *Lawrence M Dewey*

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

DATE

Daytime Phone #