

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90033 049 ****50.00

DOCUMENT # L03000028877

1. Entity Name
DEC, L.L.C.



Principal Place of Business
22 S.E. TAHO TERRACE
STUART, FL 34997

Mailing Address
22 S.E. TAHO TERRACE
STUART, FL 34997

✓ PLEASE
Update

20038625



2. Principal Place of Business

3. Mailing Address

DEC, LLC % Florida Comm.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 2393

City & State

City & State

STUART, FL

Zip

Country

Zip

Country

34995

USA

01192005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

25-6160123

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

SOPKO, JAMES
853 S.E. MONTEREY COMMONS BLVD.
STUART, FL 34996

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

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DELAPLANE, MURIEL C
STREET ADDRESS 22 S.E. TAHO TERRACE
CITY-ST-ZIP STUART, FL 34997

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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)(l), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/13/05

(772) 223-3646