

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90144 044 \*\*\*\*55.00

DOCUMENT # L03000030319

1. Entity Name

DEBOSE MANOR'S, LLC



Principal Place of Business

2494 MARSH ROAD  
DELAND FL 32720

Mailing Address

2494 MARSH ROAD  
DELAND FL 32724



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

676 Daycare Drive

Lk. Helen, FLORIDA

City & State

32744

Zip

Country  
USA

3. Mailing Address

676 Daycare Drive

Lk. Helen, FLORIDA

City & State

32744

Zip

Country  
USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

55-0844477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOK, DONALD F  
1207 S THOMPSON AVE  
DELAND FL 32720

7. Name and Address of New Registered Agent

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

*Chris DeBose* (A.D.)

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

(NOTE: Registered Agent signature required when reinstating)

1/30/07 (A.D.)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

☐ Delete

NAME

AVIS, DEBOSE

STREET ADDRESS

2494 MARSH RD

CITY - ST - ZIP

DELAND FL 32720

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE

AVIS DeBose

☒ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

676 Daycare Dr.

Lk. Helen, FLORIDA 32744

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY - ST - ZIP

NAME

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CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Chris DeBose*

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

1/30/07

DATE

386-228-2082

DAYTIME PHONE #