

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90292 019 ****55.00

DOCUMENT # L03000050493

1. Entity Name

D.A. DEAN & COMPANY, L.L.C.



Principal Place of Business

**4921 TULIP DRIVE
PENSACOLA FL 32506**

Mailing Address

**P.O. BOX 3611
PENSACOLA FL 32516**

2. Principal Place of Business

4921 Tulip Dr

3. Mailing Address

P.O. Box 3611

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

PENSACOLA, FLORIDA

4. FEI Number

59-3150289

Applied For

Not Applicable

Zip

32506

Country

USA

Zip

32516

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEAN, D. ALAN
4921 TULIP DRIVE
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name

Sam-E: D. ALAN DEAN

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

Home 1450. 72nd AVE.

City

PENSACOLA,

FL

Zip Code

32506

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: D. Alan Dean D. ALAN DEAN

3-4-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DEAN, D. ALAN	
STREET ADDRESS	4921 TULIP DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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:

Signature: D. Alan Dean

Date

MAR 4, 2004

Daytime Phone #

253-4773