


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90057 029 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000054913	
<b>1. Entity Name</b> DIRK SCHEL, LLC	

<b>Principal Place of Business</b> 8585 SW 150TH ST LIVE OAK FL 32060-6886 US	<b>Mailing Address</b> 8585 SW 150TH ST LIVE OAK FL 32060-6886 US
--	--

<b>2. Principal Place of Business - No P.O. Box #</b> <del>8585</del> 8585 150 St	<b>3. Mailing Address</b> 8585 150 St
<b>Suite, Apt. #, etc.</b> LIVE OAK	<b>Suite, Apt. #, etc.</b>
<b>City &amp; State</b> Fla	<b>City &amp; State</b> LIVE OAK Florida
<b>Zip</b> 32060	<b>Country</b> Suwannee
<b>Zip</b> 32060	<b>Country</b> USA



1st MOORE CR2E083 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  JONES, LAURIE A 3404 SW 72ND AVE. PALM CITY FL 34991	
<b>7. Name and Address of New Registered Agent</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) **DATE** \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SCHEL, DIRK		<b>NAME</b>	
<b>STREET ADDRESS</b> 8585 SW 150TH ST		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b> LIVE OAK FL 32060-6886		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	

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

2-3-07 386 3645345  
Date Daytime Phone #