

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90151 034 ****50.00

DOCUMENT # L03000055947

1. Entity Name

DICUS SPLICERS LLC



Principal Place of Business

3181 MATECUMBE KEY ROAD #7
PUNTA GORDA FL 33955

Mailing Address

3181 MATECUMBE KEY ROAD #7
PUNTA GORDA FL 33955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1481292

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

~~DISCUS, JOHN ALLEN~~ *Spelling change*

3181 MATECUMBE KEY ROAD #7
PUNTA GORDA FL 33955

Name

Dicus John Allen

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

3181 Matecumbe Key Rd. #7

Punta Gorda FL

City

FL

Zip Code

33955

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME DISCUS, JOHN ALLEN
STREET ADDRESS 3181 MATECUMBE KEY ROAD #7
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE MGRM *Spelling Change* ☐ Change ☐ Addition
NAME *Dicus John Allen*
STREET ADDRESS *3181 Matecumbe Key Rd. #7*
CITY-ST-ZIP *Punta Gorda FL 33955*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *John G. Dicus*

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

2/3/05 *941-916-2544*

Date

Daytime Phone #