FILED
Aug 18, 2005 8:00 am
Secretary of State

07-27-2005 90014 005 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000009971

1. Entity Name
CALLEN COMPANY, LLC

Principal Place of Business	Mailing Address
8870 N. HIMES AVE #242 TAMPA, FL 33614	8870 N. HIMES AVE TAMPA, FL 33614

3OO1OOO…

07252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		8870 N. HimosAve #242	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: TAMPA FL	
Zip	Country	Zip: 33614	Country: USA

4. FEI Number: 20-0878450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALLEN, DAVID H
8870 N. HIMES AVE
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name: DAVID H. Callen
Street Address (P.O. Box Number is Not Acceptable): 8870 N. Himes Ave #242
City: TAMPA FL FL Zip Code: 33614

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] 7/25/05
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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MM NAME DAVID Callen, STREET ADDRESS 8870 N Himes Ave #242 CITY-ST-ZIP TAMPA FL 33614	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MM NAME Nicole Callen STREET ADDRESS 8870 N. Himes Ave #242 CITY-ST-ZIP TAMPA, FL 33619	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 7-25-05 813 2208586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
300/0692

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 28, 2005

DHC, LLC
8870 N. HIMES AVE
#242
TAMPA, FL 33614

Subject: **DHC, LLC**

Reference Number: **L04000009971**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sc
ANNUAL REPORTS SECTION