

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90255 043 \*\*\*138.75

**DOCUMENT # L04000015314**

1. Entity Name

DEALCO LLC



Principal Place of Business

3651 THOMPSON ROAD  
LAKE MARY FL 32746

Mailing Address

3651 THOMPSON ROAD  
LAKE MARY FL 32746



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

3651 Thompson Rd  
Suite, Apt. #, etc.

3. Mailing Address

3651 Thompson Rd  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Lake Mary, FL  
Zip 32746 Country Seminole

City & State

Lake Mary, FL  
Zip 32746 Country Seminole

4. FEI Number

27-0096336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PREUSCH, WILLIAM E  
3651 THOMPSON ROAD  
LAKE MARY FL 32746

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

Signature, typed or printed name of my stated agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME PREUSCH, WILLIAM E  
STREET ADDRESS 3651 THOMPSON ROAD  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE MGRM ☐ Delete  
NAME PREUSCH, ALEXANDER W  
STREET ADDRESS 3651 THOMPSON ROAD  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE MGRM ☐ Delete  
NAME PREUSCH, ERIC M  
STREET ADDRESS 3651 THOMPSON ROAD  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*William Preusch*

5/21/08

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

Date

Daytime Phone #