

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000018744

1. Entity Name
JOHN E. DICKEY & ASSOCIATES LLC



Principal Place of Business
16878 SE 93RD CUTHBERT CIRCLE
THE VILLAGES, FL 32162

Mailing Address
16878 SE 93RD CUTHBERT CIRCLE
THE VILLAGES, FL 32162



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3083659

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKEY, JOHN E
16878 SE 93RD CUTHBERT CIRCLE
THE VILLAGES, FL 32162

**DO NOT WRITE
IN THIS SPACE**

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 \$135.75
After May 1, 2008 Fee will be \$535.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DICKEY, JOHN E
16878 SE 93RD CUTHBERT CIRCLE
THE VILLAGES, FL 32162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DICKEY, ALEXANDRA B
16878 SE 93RD CUTHBERT CIRCLE
THE VILLAGES, FL 32162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.

SIGNATURE:

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

1-7-08 (352) 750-4419

Date

Daytime Phone #