

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021611

FILED  
Jul 14, 2005  
Secretary of State

**Entity Name:** DLF PROFESSIONAL CARPENTERS LLC.

**Current Principal Place of Business:**

2015 REDGATE LN  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

2015 REDGATE LN  
DELTONA, FL 32738

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FOUSSE, DOMINIQUE L SR.  
2015 REDGATE LN  
DELTONA, FL 32738 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS ( ) Change (X) Addition  
Name: VARGAS, MARIA J  
Address: 2015 REDGATE LN  
City-St-Zip: DELTONA, FL 32738

Title: MR ( ) Change (X) Addition  
Name: FOUSSE, MALE  
Address: 2047 BERRIEN DR  
City-St-Zip: DELTONA, FL 32738

Title: MR. ( ) Change (X) Addition  
Name: FOUSSE JR., DOMINIQUE L  
Address: 8742 FOLEY DR  
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARIA J VARGAS

MS.

07/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date