

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000023026	
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1. Entity Name
DAVID MELANSON, LLC

Principal Place of Business
**11452 KO DRIVE
LAKELAND, FL 33809 US**

Mailing Address
**5337 N. SOCRUM LOOP RD.
BOX 301
LAKELAND, FL 33809 US**

DO NOT WRITE IN THIS SPACE



01112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
04-6486427

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MELANSON, DAVID W
11452 KO DRIVE
LAKELAND, FL 33809**

**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 the LLC (if applicable)

(NOTE: Registered Agent signature required when: resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MELANSON, DAVID W
STREET ADDRESS	4552 KO DRIVE
CITY-ST-ZIP	LAKELAND, FL 33809

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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 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 508, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Deputy Phone #

4/27/07 (863) 255-5375

**U00000748624
05/17/07-80074-012 55.00**

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