


**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

50.00

DOCUMENT # L04000025320	
1. Entity Name Dion Christine Holdings LLC	

FILED

07 MAY -4 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1931 Welby Way		3. Mailing Address Same	
Suite, Apt. #, etc. Suite 5		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State	
Zip 32308	Country USA	Zip	Country

BK

CR2E083B (8/05)

DO NOT WRITE IN THIS SPACE	4. FEI Number 20-0952993		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Angela Moss Poole LLC		
Street Address (P.O. Box Number is Not Acceptable) 1931 Welby Way			
Suite Suite 5			
City Tallahassee FL Zip Code 32308			

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 **Angela M. Poole**
Signature, typed or printed name of registered agent and title if applicable.

5/1/07

DATE

**FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Corey D. Poole P.O. Box 4045 Tallahassee, FL 32315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500102124149 05/10/07--01004--010 **400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ANGELA M. POOLE P.O. Box 4045 Tallahassee, FL 32315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK DO NOT WRITE IN THIS SPACE
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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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-1-07

Date

Daytime Phone #