2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 08, 2005 8:00 am
Secretary of State
02-18-2005 90132 037 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000030594

1. Entity Name
DEESHIP, LLC

Principal Place of Business	Mailing Address
3125 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118	3125 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business	3. Mailing Address
98 SPINNAKER Circle	98 SPINNAKER CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTH DAYTONA FLA	City & State: SOUTH DAYTONA FLA
Zip: 32119 Country: US	Zip: 32119 Country: US

4. FEI Number: 61-1469654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~COOK, RICHARD R~~
~~505 E. NEW YORK AVE.~~
~~8~~
~~DELAND FL 32721~~

7. Name and Address of New Registered Agent

Name: DAROLD SCHONSHECK
Street Address (P.O. Box Number is Not Acceptable): 98 SPINNAKER CIRCLE
City: SOUTH DAYTONA FL Zip Code: 32119

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] DATE: 5-4-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	SCHONSCHECK, DAROLD	
STREET ADDRESS	98 SPINNAKER CIRCLE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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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		
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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 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] DAROLD Schonsheck 386-334 1118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 2-14-05 Daytime Phone #