

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90222 041 \*\*\*138.75

DOCUMENT # L04000048317

1. Entity Name  
DEBEAN HOLDINGS, L.L.C.



Principal Place of Business

16594 N DALE MABRY HWY  
TAMPA, FL 33618

Mailing Address

~~7171 N. DALE MABRY HIGHWAY, SUITE 401~~  
~~TAMPA, FL 33614~~  
16594 N. Dale Mabry Hwy  
Tampa, FL 33618



02282008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1505810

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZABLE, ELIZABETH H DR.  
~~17734 CURRIE FORD DR~~  
~~LUTZ, FL 33558~~

16594 N. Dale Mabry Hwy  
Tampa, FL 33618

**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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZABLE, ELIZABETH H DR.
STREET ADDRESS	<del>17734 CURRIE FORD DR</del> 16594 N. Dale Mabry
CITY-ST-ZIP	<del>LUTZ, FL 33558</del> TR, FL 33618

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**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 608, Florida Statutes.

SIGNATURE: Elizabeth H. Zable Elizabeth H. Zable 3/31/08

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

Date

Daytime Phone #