

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050151

Entity Name: DUNLOP SIGNS, LLC

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

610 S. COLLINS STREET
PLANT CITY, FL 33563

New Principal Place of Business:

618 S. COLLINS STREET
PLANT CITY, FL 33563

Current Mailing Address:

610 S. COLLINS STREET
PLANT CITY, FL 33563

New Mailing Address:

618 S. COLLINS STREET
PLANT CITY, FL 33563

FEI Number: 34-2007296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETITJEAN, CYNTHIA M ESQ
110 WEST REYNOLDS STREET, SUITE 101
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: STANLEY, DEBORAH
Address: 6307 BARTON ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title: MGRM () Delete
Name: WATSON, GLORIA
Address: 6307 BARTON ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title: MGRM () Delete
Name: WATSON, LESLIE D
Address: 6307 BARTON ROAD
City-St-Zip: PLANT CITY, FL 33565 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GLORIA WATSON

MGRM

04/05/2007

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