


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90053 038 ****50.00

DOCUMENT # L04000057315	
1. Entity Name DESTEDO ENTERPRISES, LLC	

Principal Place of Business 9331 NE 60TH TERRACE BRONSON, FL 32621	Mailing Address P.O. BOX 1807 BRONSON, FL 32621
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2. Principal Place of Business 7651 NE 128 Lane	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bronson FL	City & State
Zip 32621	Country
Country	Zip

04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1436065	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DOLLIVER, STEPHEN C 9331 NE 60TH TERRACE BRONSON, FL 32621	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOLLIVER, STEPHEN C 9331 NE 60TH ST BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Stephen C Dolliver</i>	4-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #