

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000062351

Entity Name: DEAN F. DUFOUR LLC

FILED  
Jan 15, 2008  
Secretary of State

**Current Principal Place of Business:**

781 LOCKLEAR AVENUE  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

781 LOCKLEAR AVENUE  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 20-1531875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUFOUR, DEAN F  
781 LOCKLEAR AVENUE  
SARASOTA, FL 34237 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: DEAN F. DUFOUR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUFOUR, DEAN F  
Address: 781 LOCKLEAR AVENUE  
City-St-Zip: SARASOTA, FL 34237

Title: MGR ( ) Delete  
Name: GOELZ, CHRISTOPHER J  
Address: 2757 MALL DRIVE APT. #301  
City-St-Zip: SARASOTA, FL 34231

Title: MGR (X) Delete  
Name: MATTUS, JORGE A  
Address: 2303 6TH STREET  
City-St-Zip: SARASOTA, FL 34237

**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 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: DEAN F. DUFOUR

MGR

01/15/2008

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