## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 04, 2005 8:00 am Secretary of State DOCUMENT # L04000077474 1. Entity Name 04-04-2005 90432 014 \*\*\*\*50.00 DUNNDER GROUP, LLC Principal Place of Business Maiting Address 4566 26 AVE N. 4566 26 AVE N. ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272005 Chg-LLC CR2E083 (10/03) 4. FEI Number 25-2250566 City & State City & State Applied For Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNNDER, IVER B JR Street Address (P.O. Box Number is Not Acceptable) 4566 26 AVE N. ST. PETERSBURG, FL 33713 City 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 Fiorida. I am familiar with, and accept 3/31/05 SIGNATURE prod Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ■ Addition TITLE MGR T Delete TITLE Change NAME NAME Iver B. Dunnder, Jr. STREET ADDRESS STREET ADDRESS 4566 26th Ave. N. CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, Fl. Delete ☐ Addition TIRE TILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ักนะ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete • nne Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE DDF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED** 

3/31/05

727-328-7475