

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90091 034 ***138.75

DOCUMENT # L04000084113

1. Entity Name
DM SAUNDERS FAMILY, L.L.C.



Principal Place of Business
533 5TH AVE NE
ST PETERSBURG, FL 33701

Mailing Address
533 5TH AVE NE
ST PETERSBURG, FL 33701

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1737750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JENSEN, PAUL C
2001 16TH STREET NORTH
ST PETERSBURG, FL 33704

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SAUNDERS, DONALD B II ☐ Delete
STREET ADDRESS 2012 4TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE MGR
NAME SAUNDERS, MERRITT L ☐ Delete
STREET ADDRESS 2012 4TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME SAUNDERS, DONALD B II
STREET ADDRESS 533 5TH AVE N.
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGR ☒ Change ☐ Addition
NAME SAUNDERS, MERRITT
STREET ADDRESS 533 5TH AVE. N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

1/28/08 727-858-9932