

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90057 005 ****50.00

DOCUMENT # L04000084996

1. Entity Name
DEPENDENCY LAW GROUP, L.L.C.



Principal Place of Business
**59 N. CENTRAL AVE
UMATILLA, FL 32784**

Mailing Address
**59 N. CENTRAL AVE.
UMATILLA, FL 32784**

60044022



2. Principal Place of Business - No P.O. Box #
15 N Central Ave

3. Mailing Address
15 N Central Ave

04252007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Umatilla FL

City & State
Umatilla FL

4. FEI Number
42-1647951

Applied For
Not Applicable

Zip
32874 Country
USA

Zip
32874 Country
USA

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

6. Name and Address of Current Registered Agent

**HAWTHORNE, CANDACE A ESQ.
319 E. MAIN ST.
TAVARES, FL 32778**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HAWTHORNE LAW FIRM, P.A.
319 E. MAIN ST.
TAVARES, FL 32778** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRENDA H. SMITH, P.A.
59 N. CENTRAL AVE.
UMATILLA, FL 328748430** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Brenda H. Smith, Esq
15 N Central Ave
Umatilla, FL 32874-8430** ☒ Change ☐ Addition

TITLE
NAME
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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:

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

4/25/07 (352) 742-5200

Date

Daytime Phone #