

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006533

FILED
Apr 14, 2009
Secretary of State

Entity Name: DENNIS FAMILY BUILDING, LLC

Current Principal Place of Business:

1022 LAND O' LAKES BLVD.
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

1022 LAND O' LAKES BLVD.
LUTZ, FL 33549

New Mailing Address:

FEI Number: 20-2232729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNIS, ROBERT E
1022 LAND O' LAKES BLVD.
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

DENNIS, BRIAN E
1022 LAND O' LAKES BLVD.
LUTZ, FL 33549 US

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: BRIAN E DENNIS

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DENNIS, ROBERT E
Address: 1022 LAND O' LAKES BLVD.
City-St-Zip: LUTZ, FL 33549 US

Title: MGRM () Delete
Name: DENNIS, BRIAN E
Address: 1022 LAND O LAKES BLVD
City-St-Zip: LUTZ, FL 33549 US

Title: MGRM () Delete
Name: DENNIS, PAIGE M
Address: 1022 LAND O LAKES BLVD
City-St-Zip: LUTZ, FL 33549 US

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: BRIAN E DENNIS

MGR

04/14/2009

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