


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 13, 2007 8:00 am**  
**Secretary of State**

08-13-2007 90046 004 \*\*\*\*50.00

**DOCUMENT # L05000015292**

1. Entity Name  
**CESDENE ENTERPRISES, LLC**



Principal Place of Business      Mailing Address  
**4060 LIGUSTRUM DR**      **4060 LIGUSTRUM DR**  
**PALM HARBOR, FL 34685**      **PALM HARBOR, FL 34685**

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

**60054697**



06072007      Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
**20-2356688**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MERAZ, JULIO C**  
**4060 LIGUSTRUM DR**  
**PALM HARBOR, FL 34685**

**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: *Julio Meraz Mgr*      DATE: 8.9.07      N/A

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DENE ENTERPRISES, INC. 4060 LIGUSTRUM DR PALM HARBOR, FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JULIO C MERAZ 4060 LIGUSTRUM DR PALM HARBOR, FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Julio Meraz Mgr*      DATE: 8.9.07      DAYTIME PHONE: 727230 0489

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