

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025272

Entity Name: DEEFORE, LLC

FILED  
May 27, 2009  
Secretary of State

**Current Principal Place of Business:**

200 MALAGA ST, STE 6  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 706  
CARLISLE, PA 17013

**New Mailing Address:**

200 MALAGA ST, STE 6  
ST AUGUSTINE, FL 32084

FEI Number: 20-2407591      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KELLER, DWAYNE D  
200 MALAGA ST, STE 6  
ST AUGUSTINE, FL 32084      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: KELLER, DWAYNE D  
Address: 8 STRATFORD LANE  
City-St-Zip: MECHANICSBURG, PA 17050

Title: MGRM      ( ) Delete  
Name: PARTIN, DONNA E  
Address: 8 STRATFORD LANE  
City-St-Zip: MECHANICSBURG, PA 17050

**ADDITIONS/CHANGES:**

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: DWAYNE D. KELLER

MGRM

05/27/2009

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