

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90042 030 ***138.75

DOCUMENT # L05000027187

1. Entity Name
DENTED MELON PROPERTIES, LLC



Principal Place of Business
**1703 MAIN STREET
SARASOTA, FL 34236**

Mailing Address
**1703 MAIN STREET
SARASOTA, FL 34236**

00000001



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

1358 Fruitville Rd Su

3. Mailing Address

1358 Fruitville Rd

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

Suite 310

04302008 Chg-LLC CR2E083 (12/06)

City & State

Sarasota FL

City & State

Sarasota FL 34236

4. FEI Number
20-2608777

Applied For
Not Applied

Zip
34236

Country
US

Zip
34236

Country
US

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

6. Name and Address of Current Registered Agent

**MELONE, NICHOLAS
1703 MAIN ST
SARASOTA, FL 34236**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
DENTICI, MARIO
PO BOX 3319
SARASOTA, FL 34230**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
MELONE, NICHOLAS
PO BOX 3319
SARASOTA, FL 34230**

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: