


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000036697	
1. Entity Name CALVIN DEAN, LLC	


Principal Place of Business 277 PINWOOD DRIVE TALLAHASSEE, FL 32303 US	Mailing Address 277 PINWOOD DRIVE TALLAHASSEE, FL 32303 US
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DO NOT WRITE IN THIS SPACE

FILED

08 FEB 11 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MATHEWS, EDWARD
277 PINWOOD DRIVE
TALLAHASSEE, FL 32303

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, EDWARD 277 PINWOOD DRIVE TALLAHASSEE, FL 32303
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02/15/08--01039--004 **138.75

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: Edward Mathews 2/10/08 850 681 9303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #