

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000037674

1. Entity Name
DEACON, LLC



Principal Place of Business
**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FL 34104 US**

Mailing Address
**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FL 34104 US**



02212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2695916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD, DEAN A
3073 SOUTH HORSESHOE DRIVE, STE 118
NAPLES, FL 34104**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ARNOLD, DEAN A
3073 SOUTH HORSESHOE DRIVE, SUITE 118
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRANSILVER, CONSTANCE
60 SEAGATE, APT 406
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000678631
04/03/07-80006-002 50.00

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IN THIS SPACE**

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: _____

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

3/21/07
Date

239-643-6333
Daytime Phone #