

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000039984

1. Entity Name
DM, LLC



Principal Place of Business
5212 SNEAD ISLAND ROAD
PALMETTO, FL 34221

Mailing Address
5212 SNEAD ISLAND ROAD
PALMETTO, FL 34221



01212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DICUS, AUBREY O JR.
980 TYRONE BLVD.
ST. PETERSBURG, FL 33710

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MARLOW, DAVID
STREET ADDRESS 5212 SNEAD ISLAND ROAD
CITY-ST-ZIP PALMETTO, FL 34221

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CITY-ST-ZIP

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02/05/08-80070-006-138.75

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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

DAVID E. MARLOW

MANAGING MEMBER

1-23-08 941-7293370

Date

Daytime Phone #