

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000041533

Entity Name: DEKALB, LLC

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

285 N. W. 6TH STREET  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

285 N. W. 6TH STREET  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 55-0917179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MULLER, ROBERT E  
285 N. W. 6TH STREET  
BOCA RATON, FL 33432 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: MULLER, ROBERT E  
Address: 285 N. W. 6TH STREET  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: MULLER, CHRISTINA R  
Address: 285 N. W. 6TH STREET  
City-St-Zip: BOCA RATON, FL 33432

**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: ROBERT E.MULLER

MR.

04/30/2008

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