


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

| | |
|--------------------------------|---|
| DOCUMENT # L05000049781 |  |
|--------------------------------|---|

1. Entity Name
ADDISION, DICUS AND FORD, LLC

| | |
|--|--|
| Principal Place of Business 315 N. WILLOW AVENUE TAMPA, FL 33606 | Mailing Address 315 N. WILLOW AVENUE TAMPA, FL 33606 |
|--|--|

| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|



04222008 Chg-LLC CR2E083 (12/06)

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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

6. Name and Address of Current Registered Agent

DICUS, GARY
315 N. WILLOW AVENUE
TAMPA, FL 33606

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 | MGRM DICUS, GARY 315 N WILLOW AVENUE TAMPA, FL 33606 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | MGRM FORD, ROBERT J 400 CLARISSA DRIVE BRANDON, FL 33511 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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05/29/08-80097-009 138.75

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:

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

Date

Daytime Phone #

4-27-08 813-258-6571