

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90032 028 ****50.00

DOCUMENT # L05000084541

1. Entity Name

W.W. DEEN PROPERTIES, LLC



Principal Place of Business

3909 W. CLEVELAND STREET, SUITE 126
TAMPA FL 33609

Mailing Address

3909 W. CLEVELAND STREET, SUITE 126
TAMPA FL 33609



2. Principal Place of Business

3516 W. Palmira Ave

Suite, Apt. #, etc.

Unit A

City & State

Tampa FL

Zip

33629

Country

USA

3. Mailing Address

3516 W. Palmira Ave

Suite, Apt. #, etc.

Unit A

City & State

Tampa FL

Zip

33629

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

263-74-9910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DEEN, WILLIAM W JR.
STREET ADDRESS 3909 W. CLEVELAND STREET, SUITE 126
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Deen, William W. Jr.
STREET ADDRESS 3516 W. Palmira Ave, Unit A
CITY-ST-ZIP Tampa, FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William W. Deen, Jr.

Apr. 26, 2006

(813) 831-1835

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

Date

Daytime Phone #