2007 LIMITED LIABILITY CÔMPANY ANNUAL REPORT

DOCUMENT # L05000086518

1. Entity Name

DEMO DENNIS LLC



FILED
Mar 29, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

5621 PONTE VERDE ROAD PENSACOLA, FL 32507--903 US 5621 PONTE VERDE ROAD PENSACOLA, FL 32507--903 US



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-3397879		Not Applicable
5. Certificate of Status Desired	\$5.00 /	

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

COX, DENNIS R 5621 PONTE VERDE ROAD PENSACOLA, FL 32507

SIGNATURE:

DO NOT WRITE IN THIS SPACE

		1		
	named entity submits this statement for the purpose of changions of registered agent.	ging its registered	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE
Fi De	iling Fee Is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	COX, DENNIS R			
STREET ADDRESS	5621 PONTE VERDE ROAD			
CITY-ST-ZIP	PENSACOLA, FL 32507			
TITLE			33.17 88	U00000682386
NAME			***	04/05/07-80001-001 50.00
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME OTREET ADDRESS				
STREET ADDRESS City-St-ZIP			DO	NOT WRITE
				
TITLE Name			IN T	THIS SPACE
STREET ADDRESS		:		
CITY-SI-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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.				