


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L05000086518


1. Entity Name
DEMO DENNIS LLC



Principal Place of Business
**5621 PONTE VERDE ROAD
 PENSACOLA, FL 32507--903 US**

Mailing Address
**5621 PONTE VERDE ROAD
 PENSACOLA, FL 32507--903 US**

DO NOT WRITE IN THIS SPACE



04162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3397879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

00000906586
 05/05/08-80004-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM COX, DENNIS R 5621 PONTE VERDE ROAD PENSACOLA, FL 32507
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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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: _____ **4-15-2008** **850-497-8037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #