

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121179

FILED
Mar 30, 2006
Secretary of State

Entity Name: DEPENDABLE HOLDINGS, LLC

Current Principal Place of Business:

2504 W. CREST AVE.
TAMPA, FL 33614

New Principal Place of Business:

4714 N CLARK AVE
TAMPA, FL 33614

Current Mailing Address:

2504 W. CREST AVE.
TAMPA, FL 33614

New Mailing Address:

4714 N CLARK AVE
TAMPA, FL 33614

FEI Number: 20-4042058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRINKLE, NANCY R
2504 W. CREST AVE.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

TRINKLE, NANCY R
4714 N CLARK AVE
TAMPA, FL 33614 US

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:

03/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SINNREICH, KAREN J
Address: 2504 W. CREST AVE.
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Delete
Name: SINNREICH, HELENE
Address: 107 GYPSY LANE
City-St-Zip: YOUNGSTOWN, OH 44505

Title: MGRM (X) Delete
Name: ROWE, GREGORY D
Address: 3235 STONEMAN LOOP
City-St-Zip: LAND O'LAKES, FL 34638

Title: MGRM () Delete
Name: SINNREICH, MICHAEL E
Address: 2504 W. CREST AVE
City-St-Zip: TAMPA, FL 33614

Title: MEMB () Delete
Name: SINNREICH, LAUREN
Address: 2504 W. CREST AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SINNREICH, KAREN J
Address: 4714 N CLARK AVE
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SINNREICH, MICHAEL E
Address: 4714 N CLARK AVE
City-St-Zip: TAMPA, FL 33614

Title: MEMB (X) Change () Addition
Name: SINNREICH, LAUREN
Address: 4714 N CLARK AVE
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN J SINNREICH

MGR

03/30/2006

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