

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121179

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: DEPENDABLE HOLDINGS, LLC

**Current Principal Place of Business:**

4714 N CLARK AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4714 N CLARK AVE  
TAMPA, FL 33614

**New Mailing Address:**

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  
4714 N CLARK AVE  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

SINNREICH, KAREN J  
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: KAREN J. SINNREICH

01/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SINNREICH, KAREN J  
Address: 4714 N CLARK 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 ( ) Delete  
Name: SINNREICH, MICHAEL E  
Address: 4714 N CLARK AVE  
City-St-Zip: TAMPA, FL 33614

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

**ADDITIONS/CHANGES:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

01/21/2008

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