

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006858

FILED
Aug 11, 2008
Secretary of State

Entity Name: D M STEVENS ENTERPRISES LLC

Current Principal Place of Business:

2090 S NOVA RD
STE AA05
SOUTH DAYTONA, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

2090 S NOVA RD
STE AA05
SOUTH DAYTONA, FL 32119 US

New Mailing Address:

FEI Number: 20-4153251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRAZER, ROBERT D
2090 S NOVA RD
STE AA05
SOUTH DAYTONA, FL 32119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEVENS, DAYLE M
Address: 1075 BECKMAN DR
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: MGRM () Delete
Name: STEVENS, DAYLE V
Address: 5212 TAYLOR AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: STEVENS, SHERYL
Address: 1075 BECKMAN DR
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: MGRM () Delete
Name: STEVENS, JOYCE N
Address: 5212 TAYLOR AVE
City-St-Zip: PORT ORANGE, FL 32127

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: DAYLE STEVENS

MGR

08/11/2008

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