

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015736

**FILED**  
**Mar 13, 2009**  
**Secretary of State**

**Entity Name:** D LEE, LLC

**Current Principal Place of Business:**

15894 BENT CREEK ROAD  
WELLINGTON, FL 33414

**New Principal Place of Business:**

324 N LAKESIDE CT  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

15894 BENT CREEK ROAD  
WELLINGTON, FL 33414

**New Mailing Address:**

324 N LAKESIDE CT  
WEST PALM BEACH, FL 33407

**FEI Number:** 20-4831889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PINCUS, WILLIAM H  
15894 BENT CREEK ROAD  
WELLINGTON, FL 33414 US

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

PINCUS, WILLIAM H  
324 N LAKESIDE CT  
WEST PALM BEACH, FL 33407 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: WILLIAM H PINCUS

03/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PINCUS, DONNA L  
Address: 15894 BENT CREEK RD  
City-St-Zip: WELLINGTON, FL 33414

Title: RG ( ) Delete  
Name: PINCUS, DONNA L  
Address: 15894 BENT CREEK RD  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

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: DONNA L PINCUS

MGR

03/13/2009

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