## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Jan 24, 2008 08:00 Al DOCUMEN# L06000022150 **Secretary of State** 1. Entity Name D & É MOBILE LLC Principal Place of Business Mailing Address P.O. BOX 457 P.O. BOX 457 **SPARR, FL 32192 SPARR, FL 32192** 01152008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 83-0450522 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BADANEK, MICHAEL DO-NOT-WRITE 3391 NE SILVER SPRINGS BLVD. OCALA, FL 34470 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM MILE VANWAGNER, DANA L MALVE P.O. BOX 457 STREET AODRESS CITY-ST-ZIP SPARR, FL 32192 000000795908 01/29/08-80011-016 138.75 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME ٦1 STREET ADDRESS CITY-ST-7IP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURÉ:

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