## 2008 LIMITED LIABILITY COMPANY

## Secretary of State **ANNUAL REPORT** 02-01-2008 90047 021 \*\*\*138.75 DOCUMENT # L06000050280 1. Entity Name DGR, LLC huuvv-Principal Place of Business Mailing Address 911 CHESTNUT ST 911 CHESTNUT ST CLEARWATER, FL 33756 CLEARWATER, FL 33756 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 01292008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4884947 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUPPEL, DENNIS G Street Address (P.O. Box Number is Not Acceptable) 911 CHESTNUT ST. 5201 102ND AVE., NORTH PINELLAS PARK, FL 33782 Zip 53756 CLEARWATER 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. DENNIS G. RUPPEL 02/01/08 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR ☐ Addition TITLE t Delete TITLE ☐ Change RUPPEL, DENNIS G NAME NAME STREET ADDRESS 911 CHESTNUT ST STREET ADDRESS CLEARWATER, FL 33756 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DENNIS G. RUPPEL

2/1/08

727-439-6222

Daytime Phone #

FILED Feb 01, 2008 8:00 am