## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000075611

1. Entity Name
DEMMIN 1, LLC



Principal Place of Business

1466 ENTERPRISE OSTEEN RD ENTERPRISE, FL 32725 US Mailing Address

1466 ENTERPRISE OSTEEN RD ENTERPRISE, FL 32725 US

## FILED Aug 27, 2008 08:00 AM Secretary of State



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07102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5296220

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STRUNKEIT, CARSTEN 1466 ENTERPRISE OSTEEN RD ENTERPRISE, FL 32725

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<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	the purpose of char	nging its registered office or registered agent, or both	h, in the State of Florida. I am familiar w	ith, and accept
SIGNATURE Signature, typed or printed name of registered agent an	nd title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOWIII FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		000000958536 08/27/08-80006-021	138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	STRUNKEIT, CARSTEN
STREET ADDRESS	1466 ENTERPRISE OSTEEN RD
CITY-ST-ZIP	ENTERPRISE, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	$\wedge$
CITY-ST-ZIP	/

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11. I hereby certify that the information supplied with this filing floes 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 flability company or the receiver or true exemptions.

SIGNATURE:

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

Ings/20,2008

407-547-5810

Daytime Phone #