

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081480

Entity Name: DYE INVESTMENTS, LLC

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

2824 EDGEWATER DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

2824 EDGEWATER DRIVE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-5464331 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:

DYE, DAVID
2824 EDGEWATER DRIVE
NICEVILLE, FL 32578 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: MGRM () Delete
Name: DYE, DAVID
Address: 2824 EDGEWATER DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: STEINER, CYNTHIA M
Address: 39 CHERRY LAUREL DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: DYE, CASSEE L
Address: 320 RUCKEL DRIVE
City-St-Zip: NICEVILLE, FL 32578

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:

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: DAVID DYE

MGR

06/24/2009

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