

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098935

FILED  
Jul 14, 2008  
Secretary of State

**Entity Name:** DELBERT L. DAMPIER MOBILE HOME SERVICE, LLC

**Current Principal Place of Business:**

410 JAMES AVENUE  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

3971 THORNHILL RD  
WINTER HAVEN, FL 33880 US

**Current Mailing Address:**

410 JAMES AVENUE  
AUBURNDALE, FL 33823

**New Mailing Address:**

3971 THORNHILL RD  
WINTER HAVEN, FL 33880 US

**FEI Number:** 59-3291216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

DAMPIER, DELBERT L  
410 JAMES AVENUE  
AUBURNDALE, FL FL US

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

DAMPIER, DELBERT L  
3971 THORNHILL RD  
WINTER HAVEN, FL FL 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:

07/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAMPIER, DELBERT L  
Address: 410 JAMES AVENUE  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAMPIER, DELBERT L  
Address: 3971 THORNHILL RD  
City-St-Zip: WINTER HAVEN, FL 33880 US

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: DELBERT DAMPIER

OWNE

07/14/2008

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