

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000106680**

1. Entity Name  
**D.E.D., LLC**



Principal Place of Business  
**420 EAST SUGARLAND HIGHWAY  
CLEWISTON, FL 33440 US**

Mailing Address  
**420 EAST SUGARLAND HIGHWAY  
CLEWISTON, FL 33440 US**



02142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5816683**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**EZELL, TROY D  
207 PINE LANE  
CLEWISTON, FL 33440**

**DO NOT WRITE  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000820359  
04/15/08-80058-023 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EZELL, TROY D 207 PINE LANE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DYESS, EARL S IV 511 WATER OAK AVENUE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DYESS, KATHLEEN A 420 EAST SUGARLAND HIGHWAY CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

3/28/08 863-228-0454