

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2: 33

DOCUMENT # L07000033045	
1. Entity Name DEWEY YOUNGBLOOD LLC	

Principal Place of Business 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880	Mailing Address 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
YOUNGBLOOD, DEWEY 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNGBLOOD, DEWEY 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARBROUGH, JOHN 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, CACEY 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGOSTINO, NINO 6013 COUNTRY WALK LANE WINTER HAVEN, FL 33880 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maria Sheldon 6013 Country Walk Lane Winter Haven, FL 33880 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marm Jodie Jim Duva 6013 Country Walk Lane Winter Haven, FL 33880 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Maria Sheldon* **4-26-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #