

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042897

Entity Name: DEPUTY DOG, L.L.C.

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

1322 NORTH 14TH STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

1322 NORTH 14TH STREET
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 20-8668463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIEVIT ODOM & BARLOW
635 WEST GARDEN STREET
PENSACOLA, FL 32502 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: BANAKAS, CAROLYN
Address: 6118 THE OAKS LANE
City-St-Zip: PENSACOLA, FL 32504

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: BANAKAS, CAROLYN
Address: 6118 THE OAKS LANE
City-St-Zip: PENSACOLA, FL 32504

Title: VPRE () Change (X) Addition
Name: SMITH, JAMES R
Address: 15825 WILLO PINES LANE
City-St-Zip: MONTVERDE, FL 34756

Title: TREA () Change (X) Addition
Name: SMITH, MONTILEE
Address: 15825 WILLO PINES LANE
City-St-Zip: MONTVERDE, FL 34756

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: MONTILEE SMITH

TREA

01/22/2008

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