

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042897

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

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

**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: VP  
Name: BANAKAS, CAROLYN  
Address: 6118 THE OAKS LANE  
City-St-Zip: PENSACOLA, FL 32504

Title: PRE  
Name: SMITH, MONTILEE  
Address: 15825 WILLO PINES LANE  
City-St-Zip: MONTVERDE, FL 34756

Title: TREA  
Name: SMITH, MONTILEE  
Address: 15825 WILLO PINES LANE  
City-St-Zip: MONTVERDE, FL 34756

I hereby 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

PRES

04/02/2010

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