

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080645

Entity Name: DEBRANTS, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

4613 S. MACDILL AVE.
TAMPA, FL 33611

New Principal Place of Business:

2906 W. ESTRELLA ST.
TAMPA, FL 33629

Current Mailing Address:

4613 S. MACDILL AVE.
TAMPA, FL 33611

New Mailing Address:

2906 W. ESTRELLA ST.
TAMPA, FL 33629

FEI Number: 26-0670361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLANTI, DEBRA R
4613 S. MACDILL AVE.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

BELLANTI, DEBRA R
2906 W. ESTRELLA ST
TAMPA, FL 33629 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BELLANTI, ANTHONY G
Address: 4613 S. MACDILL AVE.
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: BELLANTI, DEBRA R
Address: 4613 S. MACDILL AVE.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BELLANTI, ANTHONY G
Address: 2906 W. ESTRELLA
City-St-Zip: TAMPA, FL 33629

Title: MGRM (X) Change () Addition
Name: BELLANTI, DEBRA R
Address: 2906 W. ESTRELLA
City-St-Zip: TAMPA, FL 33629

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: DEBRA R. BELLANTI

MGR

04/23/2009

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