

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000086934

1. Entity Name
DEKO ENTERPRISES, LLC



Principal Place of Business
1528 ALBEMARIE CT
DUNEDIN, FL 34698-2321

Mailing Address
1528 ALBEMARIE CT
DUNEDIN, FL 34698-2321

2. Principal Place of Business - No P.O. Box #

1497 Main ST.

3. Mailing Address

1497 Main ST.

Suite, Apt. #, etc.

#383

Suite, Apt. #, etc.

#383

City & State

Dunedin, FL

City & State

Dunedin, FL

Zip

34698

Country

USA

Zip

34698

Country

USA

4. FEI Number

26-0677018

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOUTRAS, DEAN D
1528 ALBEMARIE CT
DUNEDIN, FL 34698-2321

Name

KOUTRAS, Diane

Street Address (P.O. Box Number is Not Acceptable)

1497 Main ST. #383

City

Dunedin

FL

Zip Code
34698

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 *Diane Koutras*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/08

DATE

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

Make check payable to
Florida Department of State

9.

MANAGING MEMBERS / MANAGERS

10.

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

P
Dean KOUTRAS
1497 Main ST. #383
Dunedin, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

S
Diane KOUTRAS
1497 Main ST. #383
Dunedin, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: *Diane Koutras Diane KOUTRAS*

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

4/4/08 727 734 9678
Date Daytime Phone #