


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90042 010 \*\*\*143.75

<b>DOCUMENT # L07000086934</b>	
1. Entity Name <b>DEKO ENTERPRISES, LLC</b>	

Principal Place of Business <b>1528 ALBEMARIE CT DUNEDIN, FL 34698-2321</b>	Mailing Address <b>1528 ALBEMARIE CT DUNEDIN, FL 34698-2321</b>
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**60034991**



2. Principal Place of Business - No P.O. Box # <b>1497 Main ST.</b>	3. Mailing Address <b>1497 Main ST.</b>
Suite, Apt. #, etc. <b>#383</b>	Suite, Apt. #, etc. <b>#383</b>
City & State <b>Dunedin, FL.</b>	City & State <b>Dunedin, FL.</b>
Zip <b>34698</b>	Country <b>USA</b>

04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-0677018</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KOUTRAS, DEAN D 1528 ALBEMARIE CT. DUNEDIN, FL 34698-2321</b>	7. Name and Address of New Registered Agent Name <b>KOUTRAS, Diane</b> Street Address (P.O. Box Number is Not Acceptable) <b>1497 Main ST. #383</b> City <b>Dunedin</b> FL Zip Code <b>34698</b>
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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* DATE *4/4/08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* DATE *4/4/08* 727 734 9678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE