

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095485

**Entity Name:** DEKOTS PRODUCTS, LLC

**FILED**  
**Mar 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4830 W. KENNEDY BLVD.  
STE. 575  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4830 W. KENNEDY BLVD.  
STE. 575  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, W. CRAIG  
4830 W. KENNEDY BLVD.  
SUITE 575  
TAMPA, FL 33609 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  
Name: HENNEKE, ROB  
Address: 16912 EQUESTRIAN TRAIL  
City-St-Zip: ODESSA, FL 33556

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: ROB HENNEKE

M

03/27/2010

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