## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**SIGNATURE** 

## Mar 05, 2008 8:00 am Secretary of State DOCUMENT # L07000098221 1. Entity Name 03-05-2008 90205 026 \*\*\*143.75 DEBRON'S CLASSIC VEHICLE MEMORIAL FUND, LLC. Principal Prace of Business Mailing Address 464 DEHOON HOLLY DR 464 DEHOON HOLLY DR DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For Not Applicable Zin Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNELL LEGAL Street Address (P.O. Box Number is Not Acceptable) 700 W GRANADA BLVD **STE 107** ORMOND BEACH FL 32174 Zip Code 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, typed or contect name of registered agent and title if popriorate. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TITLE MGRM ☐ Delete Π/i F Change Addition PEASLEY; RON NAME STREET ADORESS 464 DEHOON HOLLY DR STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32117 CITY-ST-ZIP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7# BIRL Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME MARKE STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP THRE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED