2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State

1. Entity Name

DERSHIMER AGENCY LLC



Principal Place of Business

190 AVENUE A, NW WINTER HAVEN, FL 33881

Mailing Address

190 AVENUE A, NW WINTER HAVEN, FL 33881



02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-1433724 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DERSHIMER, DAVID A SR 190 AVENUE A, NW WINTER HAVEN, FL 33881

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title il applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		100000937541
TITLE NAME STREET ADDRESS	MGRM DERSHIMER, DAVID A SR 190 AVENUE A, NW		000000937541 05/27/08-80054-010 143.75
CITY-ST-ZIP	WINTER HAVEN, FL 33881		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DERSHIMER, MARCIE H 190 AVENUE A, NW WINTER HAVEN, FL 33881		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st	qualify for the exemptions contained in Chapter 119, Fit hall have the same legal effect as if made under oath; t	orida Statutes. I further certify that the information that I am a managing member or manager of the

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