

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043499

FILED
Mar 17, 2009
Secretary of State

Entity Name: DEPENDABLE PROPERTY MAINTENANCE, LLC

Current Principal Place of Business:

5026 DENVER ST
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

520 DRUID HILLS RD
TAMPA, FL 33617

New Mailing Address:

FEI Number: 26-2507634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DALE, PAUL
520 DRUID HILLS RD
TAMPA, FL 33617 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: MGR () Delete
Name: DALE, CAROLE L
Address: 520 DRUID HILLS RD
City-St-Zip: TAMPA, FL 33617

Title: MGR () Delete
Name: CASTELLI, ARLENE S
Address: 1108 THERESA ARBOR DR
City-St-Zip: TAMPA, FL 33617

Title: MGR () Delete
Name: CASTELLI, ANTHONY
Address: 1108 THERESA ARBOR DR
City-St-Zip: TAMPA, FL 33617

Title: MGR () Delete
Name: DALE, PAUL
Address: 520 DRUID HILLS RD
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAROLE DALE

MGR

03/17/2009

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