

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001662

1. Entity Name
DYE, DEITRICH, PRATHER, PETRUFF & ST. PAUL, P.L.



Principal Place of Business
**1111 THIRD AVENUE WEST, SUITE 300
BRADENTON, FL 34205**

Mailing Address
**1111 THIRD AVENUE WEST, SUITE 300
BRADENTON, FL 34205**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0859628

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEITRICH, DAVID K
1111 THIRD AVENUE WEST, SUITE 300
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DYE, STEPHEN R 1111 THIRD AVENUE WEST, SUITE 300 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEITRICH, DAVID K 1111 THIRD AVENUE WEST, SUITE 300 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRATHER, ALAN H 1111 THIRD AVENUE WEST, SUITE 300 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETRUFF, PATRICIA A 1111 THIRD AVENUE WEST, SUITE 300 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ST. PAUL, ALEXANDRA 1111 THIRD AVENUE WEST, SUITE 300 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/05-80100-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

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

Date

Daytime Phone #

Alex St Paul *Alexandra St. Paul* 1/10/05 941 7484411