

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90079 025 ****50.00

DOCUMENT # L98000001662

1. Entity Name
DYE, DEITRICH, 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DYE, STEPHEN R
STREET ADDRESS 1111 THIRD AVENUE WEST, SUITE 300
CITY-ST-ZIP BRADENTON, FL 34205

TITLE MGRM ☐ Delete
NAME DEITRICH, DAVID K
STREET ADDRESS 1111 THIRD AVENUE WEST, SUITE 300
CITY-ST-ZIP BRADENTON, FL 34205

TITLE MGRM ☒ Delete
NAME PRATHER, ALAN H
STREET ADDRESS 1111 THIRD AVENUE WEST, SUITE 300
CITY-ST-ZIP BRADENTON, FL 34205

TITLE MGRM ☐ Delete
NAME PETRUFF, PATRICIA A
STREET ADDRESS 1111 THIRD AVENUE WEST, SUITE 300
CITY-ST-ZIP BRADENTON, FL 34205

TITLE MGRM ☐ Delete
NAME ST. PAUL, ALEXANDRA
STREET ADDRESS 1111 THIRD AVENUE WEST, SUITE 300
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

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

Date

Daytime Phone #

1-24-07 (94) 748-4411