

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90041 043 \*\*\*138.75

**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

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-LLC

CR2E083 (12/07)

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-10-08