2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -5 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LC 10/8

FILING FEE $ 566.75

Annual Report $100.00 + $66.75 Corporation Supplemental Fee + $400.00 Late Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000002288

DEMEX, LLC
ROUTE, 2 BOX 210, US 19 NORTH
MONTICELLO FL 32344

1a. Principal Place of Business Address

ROUTE, 2 BOX 210, US 19 NORT
MONTICELLO FL 32344

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 10/16/1998

3a. State of Formation: FL

4. FEI Number: 58-2419592 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

FRIEDMAN, MARTIN S ESQ.
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City | Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and acce... obligations.

SIGNATURE _____ (Registered Agent Accepting) _____ (NOTE: Registered Agent signature required when reinstating) DATE 9-28-99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DEMOTT, BEVERLY	~~15125 U.S. 195, MBE#502~~ 143 Crescent Cove	THOMASVILLE GA 31757
MGR.	HUNTER JERRY	RT. 2 Box 210 US 19 North	Monticello FL. 32344
		Mp. Monticello FL. 32	

800003015538--8
-10/15/99--01024--014
****400.00 ****400.00

800003015538--8
-10/15/99--01024--013
****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Jerry Hunter JERRY HUNTER 9-28-99 1-850-342-2134
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER) Date Daytime Phone #

NHSE10 R (6/99)