

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L9900000Z340

1. Entity Name
DEAN VEGOSEN, P.L.



Principal Place of Business
**515 N. FLAGLER DR. 18TH FLOOR
WEST PALM BEACH, FL 33401**

Mailing Address
**515 N. FLAGLER DR. 18TH FLOOR
WEST PALM BEACH, FL 33401**



01182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0960582

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VEGOSEN, DEAN
515 N. FLAGLER DR. 18TH FLOOR
WEST PALM BEACH, FL 33401**

**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, 2007**

000000598775
01/24/07-80089-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VEGOSEN, DEAN
STREET ADDRESS	515 N. FLAGLER DR. 18TH FLOOR
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
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CITY-ST-ZIP	

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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: *Dean Vegosen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/18/07 *561* *832-5900*
Date Daytime Phone #