

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90098 023 \*\*\*\*\*50.00

**DOCUMENT # M95000000226**

1. Entity Name

**CDT'S ESPEDECO, LLC, L.C.**

Principal Place of Business

**108 NORTH COUNTY ROAD 5  
FT. COLLINS CO 80524**

Mailing Address

**108 NORTH COUNTY ROAD 5  
FT. COLLINS CO 80524**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WHEELER, DOLORES K  
803 SUMMER WINDS LANE  
JUPITER FL 33458**

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.

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 \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>TUTTLE, P. DINSMORE</b>	
STREET ADDRESS	<b>108 NORTH COUNTY ROAD 5</b>	
CITY-ST-ZIP	<b>FT. COLLINS CO 80524</b>	

TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>TUTTLE, VICTORIA B</b>	
STREET ADDRESS	<b>144 COYOTE COURT</b>	
CITY-ST-ZIP	<b>BOULDER CO 80302</b>	

TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>TUTTLE, BETTINA</b>	
STREET ADDRESS	<b>514 GREGORY ROAD</b>	
CITY-ST-ZIP	<b>FT. COLLINS CO</b>	

TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>TUTTLE, ANNIE L</b>	
STREET ADDRESS	<b>3952 CLOVERHILL ROAD</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21218</b>	

TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>TUTTLE, AMELIA</b>	
STREET ADDRESS	<b>8720 NORTH COUNTY ROAD 23E</b>	
CITY-ST-ZIP	<b>LAPORTE CO 80535</b>	

TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>TUTTLE-MAGUIRE, ROBIN</b>	
STREET ADDRESS	<b>1940 ST. ANDREWS COURT</b>	
CITY-ST-ZIP	<b>OXNARD CA 93030</b>	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>MEM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tuttle, Annie Laurie</b>	
STREET ADDRESS	<b>St. George's School</b>	
CITY-ST-ZIP	<b>Newport, RI 02840-0191</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ROBIN TUTTLE-MAGUIRE

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

Date

Daytime Phone #

**1-20-02 (805) 983-4537**

CR2E083 (9/01)