

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90281 044 ****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 & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

24014212



MOORE

CR2E083 (11/03)

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **TUTTLE, P. DINSMORE**
STREET ADDRESS **108 NORTH COUNTY ROAD 5**
CITY-ST-ZIP **FT. COLLINS CO 80524**

TITLE **MGRM** ☐ Delete
NAME **TUTTLE, ANNIE LAURIE**
STREET ADDRESS **ST GEORGE'S SCHOOL**
CITY-ST-ZIP **NEWPORT RI 02840-0191**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **MGRM Tuttle-Maguire, Robin**
STREET ADDRESS **1940 St Andrews Ct**
CITY-ST-ZIP **OXFORD, CA 93036**

TITLE ☐ Change ☒ Addition
NAME **MGRM Tuttle, Victoria**
STREET ADDRESS **144 Coyote Ct**
CITY-ST-ZIP **BOULDER, CO 80302**

TITLE ☐ Change ☒ Addition
NAME **MGRM Tuttle, Amelia**
STREET ADDRESS **8720 North County Rd 23E**
CITY-ST-ZIP **Laporte, CO 80535**

TITLE ☐ Change ☒ Addition
NAME **MGRM Tuttle, Bethina**
STREET ADDRESS **1851 Ridge West Dr.**
CITY-ST-ZIP **Windsor, CO 80550**

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:

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

Robin Tuttle-Maguire **Robin Tuttle-Maguire**

2-17-2004

Date

(805)983-4537

Daytime Phone #