2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State
01-16-2003 90233 021 ****50.00

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DOCUMENT # L02000012626

1. Entity Name
DAG, LLC

Principal Place of Business	Mailing Address
1223 MOUNT ALBERT ROAD C/O DENNIS GLEICHER ELLICOTT CITY MD 21042	1223 MOUNT ALBERT ROAD C/O DENNIS GLEICHER ELLICOTT CITY MD 21042

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11660 MASTERS RUN	11660 MASTERS RUN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ELLICOTT CITY, MD.	City & State: ELLICOTT CITY MD
Zip: 21042 Country: USA	Zip: 21042 Country: USA

4. FEI Number 087-34-8948 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

DUBIN, JOSHUA L P.A.
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI FL 33181

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, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			
TITLE: MGRM NAME: DENNIS A. GLEICHER STREET ADDRESS: 11660 MASTERS RUN CITY-ST-ZIP: ELLICOTT CITY MD 21042		☐ Change	☒ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition

CR2E083 (10/02)

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] SIGNATURE REQUIRED   1/14/03   410-730-9757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #