

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90131 033 ****50.00

DOCUMENT # L02000024598

1. Entity Name
D & A INVESTMENT GROUP, LLC



Principal Place of Business
**18228 SW 3RD STREET
PEMBROKE PINES, FL 33029**

Mailing Address
**18228 SW 3RD STREET
PEMBROKE PINES, FL 33029**

24000763



2. Principal Place of Business
10122 N.W. 50 St.

3. Mailing Address
10122 NW 50 St.

Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33351 Country
USA

Zip
33351 Country
USA

4. FEI Number
47-0893815

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ACKERMAN, DAVID
18228 SW 3RD STREET
PEMBROKE PINES, FL 33029**

7. Name and Address of New Registered Agent
Name
David Ackerman
Street Address (P.O. Box Number is Not Acceptable)
10122 NW 50 Street
City
Sunrise FL Zip Code
33351

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 **David Ackerman** DATE **January 7, 2004**
Signature (Printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACKERMAN, DAVID 18228 SW 3RD STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM David Ackerman 10122 NW 50 Street Sunrise, FL. 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **David Ackerman** DATE **January 7, 2004** DAYTIME PHONE # **954-5787670**
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE