# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 14, 2009**
**Secretary of State**

DOCUMENT# L06000023881

**Entity Name:** DR. MICHAEL T. DALLEY, LLC

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 650 WEST AVE<br>APT#804<br>MIAMI BEACH, FL 33139 | 650 WEST AVE<br>APT#3112<br>MIAMI BEACH, FL 33139 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 650 WEST AVE<br>#804<br>MIAMI BEACH, FL 33139 | 650 WEST AVE<br>APT#3112<br>MIAMI BEACH, FL 33139 |

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| HITSMAN, MITCHELL<br>4150 S. KIRKMAN RD.<br>ORLANDO, FL 32811 US | |

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: ______________________________

Electronic Signature of Registered Agent Date

| **MANAGING MEMBERS/MANAGERS:** | | **ADDITIONS/CHANGES:** | |
|---|---|---|---|
| Title: | CEO ( ) Delete | Title: | CEO (X) Change ( ) Addition |
| Name: | DALLEY, MICHAEL T | Name: | DALLEY, MICHAEL T |
| Address: | 650 WEST AVE #804 | Address: | 650 WEST AVE #3112 |
| City-St-Zip: | MIAMI BEACH, FL 33139 | City-St-Zip: | MIAMI BEACH, FL 33139 |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL T DALLEY CEO 04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date