

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90141 048 ****50.00

DOCUMENT # L00000003520

1. Entity Name
DAMP FAMILY, L.C.



Principal Place of Business
PO BOX 2119
DAYTONA BEACH, FL 32115-2119

Mailing Address
PO BOX 2119
DAYTONA BEACH, FL 32115-2119

20008233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

59-3634396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired. ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELUS, ALLEN
435 S. RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114

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

Filing Fee Is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BELUS, ALLEN
STREET ADDRESS PO BOX 2119
CITY-ST-ZIP DAYTONA BEACH, FL 321152119

TITLE MGR ☐ Delete
NAME BELUS, PATRICIA
STREET ADDRESS PO BOX 2119
CITY-ST-ZIP DAYTONA BEACH, FL 321152119

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
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

1/23/06 386-2555454