2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90155 039 ****50.00

DOCUMENT # L00000005723

1. Entity Name
DAFA SERVICES, L.C.

Principal Place of Business
2950 GRANDEVILLE CIR., 104
OVIEDO, FL 32765

Mailing Address
2950 GRANDEVILLE CIR., 104
OVIEDO, FL 32765

03152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
1030 Henson Ct.
Suite, Apt. #, etc.
City & State: Oviedo, Florida
Zip: 32765 Country: US

3. Mailing Address
1030 Henson Ct.
Suite, Apt. #, etc.
City & State: Oviedo, Florida
Zip: 32765 Country: US

4. FEI Number: 52-2257322 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
DELGADO, FRANCISCO J
2950 GRANDEVILLE CIR., 104
OVIEDO, FL 32765

7. Name and Address of New Registered Agent
Name: DELGADO, FRANCISCO J.
Street Address (P.O. Box Number is Not Acceptable): 1030 HENSON CT.
City: OVIEDO FL Zip Code: 32765

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] 03/29/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	DELGADO, FRANCISCO J	NAME	DELGADO, FRANCISCO J.
STREET ADDRESS	2950 GRANDEVILLE CIR., 104	STREET ADDRESS	1030 HENSON CT.
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] FRANCISCO J. DELGADO 03/29/05 (407)4050606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #