

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012976

1. Entity Name

DAEDALUS HOLDING COMPANY, L.L.C.

Principal Place of Business

4460-2 CAMINO REAL WAY
FORT MYERS FL 33912

Mailing Address

4460-2 CAMINO REAL WAY
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1048688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENSON, RODNEY E
4460-2 CAMINO REAL WAY
FORT MYERS FL 33912

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.

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 Department of State

200004218522--1
-05/15/01--01136--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President ☐ Delete
NAME Rodney E. Benson
STREET ADDRESS 4460-2 Camino Real Way
CITY-ST-ZIP Fort Myers Florida 33912

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

TITLE Vice President ☐ Delete
NAME Lynn R. Murtagh
STREET ADDRESS 4460-2 Camino Real Way
CITY-ST-ZIP Fort Myers Florida 33912

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/15/01

941 936 3005

Daytime Phone #

CR2E083 (11/00)

8992300
SP

FILED

01 APR 30 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE