

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90258 033 ***143.75

DOCUMENT # L00000012976

1. Entity Name
DAEDALUS HOLDING COMPANY, L.L.C.



Principal Place of Business
**4460-1 CAMINO REAL WAY
FORT MYERS, FL 33966**

Mailing Address
**4460-1 CAMINO REAL WAY
FORT MYERS, FL 33966**

2. Principal Place of Business - No P.O.

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address

**MURTAGH, LYNN
4460-1 CAMINO REAL WAY
FORT MYERS, FL 33966**

8. The above named entity submits the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent must be reinstated when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **V** ☐ Delete
NAME **DAEDALUS HOLDING COMPANY, LLC**
STREET ADDRESS **4460-1 CAMINO REAL WAY**
CITY-ST-ZIP **FT MYERS, FL 33966**

TITLE **V** ☐ Delete
NAME **MURTAGH, LYNN R**
STREET ADDRESS **2610 SW 51ST STREET**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

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 **Daedalus Holding Co, LLC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

Lynn Murtagh

5/28/08

239 936-3005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Please note
Zip code Change*