

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000002580

1. Entity Name
DAYVAULT LLC



Principal Place of Business
**5328 GLENMORE DRIVE
LAKELAND, FL 33813**

Mailing Address
**5328 GLENMORE DRIVE
LAKELAND, FL 33813**



04102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3702289

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAYVAULT, JAMES C
5328 GLENMORE DRIVE
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE V
NAME DAYVAULT, MARTHA S
STREET ADDRESS 5328 GLENMORE DR.
CITY-ST-ZIP LAKELAND, FL 33813

TITLE V
NAME HAMES, SUSAN D
STREET ADDRESS 914 SUCCESS AVE
CITY-ST-ZIP LAKELAND, FL 33803

TITLE P
NAME DAYVAULT, JAMES C
STREET ADDRESS 5328 GLENMORE DR.
CITY-ST-ZIP LAKELAND, FL 33813

TITLE VP
NAME HAMES, J. RICHARD
STREET ADDRESS 914 SUCCESS AVE.
CITY-ST-ZIP LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000508990
04/28/06-80017-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

James C. Dayvault James C. Dayvault 4-12-06 863-646-5021

Date

Daytime Phone #