



**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000002580</b>		<b>Secretary of State</b>	
1. Entity Name <b>DAYVAULT LLC</b>			
Principal Place of Business <b>5328 GLENMORE DRIVE LAKELAND, FL 33813</b>		Mailing Address <b>5328 GLENMORE DRIVE LAKELAND, FL 33813</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02232007 No Chg-LLC CR2E083 (11/05)	
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>59-3702289</b>	
		Applied For <input type="checkbox"/> Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>DAYVAULT, JAMES C 5328 GLENMORE DRIVE LAKELAND, FL 33813</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			
9. MANAGING MEMBERS/MANAGERS			
TITLE	V	<b>DO NOT WRITE IN THIS SPACE</b>	
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	<b>DO NOT WRITE IN THIS SPACE</b>	
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	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	HAMES, J. RICHARD		
STREET ADDRESS	914 SUCCESS AVE.		
CITY-ST-ZIP	LAKELAND, FL 33803		
TITLE			
NAME			
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP			
TITLE			
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: <i>James C Dayvault</i> <b>JAMES C DAYVAULT</b>		2/23/07 863-646-5021	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			