

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002580

Entity Name: DAYVAULT LLC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

5328 GLENMORE DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5328 GLENMORE DRIVE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3702289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: V () Delete
Name: DAYVAULT, MARTHA S
Address: 5328 GLENMORE DR.
City-St-Zip: LAKELAND, FL 33813

Title: V () Delete
Name: HAMES, SUSAN D
Address: 914 SUCCESS AVE
City-St-Zip: LAKELAND, FL 33803

Title: P () Delete
Name: DAYVAULT, JAMES C
Address: 5328 GLENMORE DR.
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: HAMES, J. RICHARD
Address: 914 SUCCESS AVE.
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES C. DAYVAULT

P

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date