

FILED**May 09, 2005 08:00 AM**
Secretary of State**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT****DOCUMENT # L01000008847**

1. Entity Name

DATAMAN OF GULF BREEZE, LLC



Principal Place of Business

15 COLLEY COVE DR.
GULF BREEZE, FL 32561

Mailing Address

15 COLLEY COVE DR.
GULF BREEZE, FL 32561

04282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

A. FEI Number

59-3721827

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

5. Name and Address of Current Registered Agent

FALZONE, TIMOTHY D
15 COLLEY COVE DR.
GULF BREEZE, FL 32561**DO NOT WRITE
IN THIS SPACE**

6. 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 print. In case of registered agent, this field is optional.

[NOT] Registered Agent signature required when registering.

DATE

Filing Fee is \$50.00
Due by May 1, 2005000000365118
05/09/05-80026-012 50.00**8. MANAGING MEMBERS/MANAGERS**TITLE
NAME
STREET ADDRESS
CITY ST ZIPMGRM
FALZONE, TIMOTHY D
15 COLLEY COVE DR.
GULF BREEZE, FL 32561TITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIP**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished 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 recipient or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

TIMOTHY D. FALZONE

X 5/1/05 850-916-2128