

FILED
Jun 10, 2002 8:00 am
Secretary of State

04-22-2002 90242 012 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012954

1. Entity Name

DAJ, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3665 BEE RIDGE ROAD

Suite, Apt. #, etc.

SUITE 310

City & State

SARASOTA, FL

Zip

34233

Country

3. Mailing Address

3665 BEE RIDGE ROAD

Suite, Apt. #, etc.

SUITE 310

City & State

SARASOTA, FL

Zip

34233

Country

4. FEI Number

65-1129152

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

ANINA C. MCSWEENEY

Street Address (P.O. Box Number is Not Acceptable)

3665 BEE RIDGE ROAD SUITE 310

City

SARASOTA

FL

Zip Code
34233DO 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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9.

MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPMANAGING MEMBER
CARRION, JAIME S.
3665 BEE RIDGE ROAD #310
SARASOTA, FL 34233TITLE
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-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDO 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)(f), 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, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAIME S. CARRION 3/28/02 941-923-4551

Date

Daytime Phone #

CR2E083B (12/01)