


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90171 031 ***138.75

DOCUMENT # L01000013695

1. Entity Name
DARJENCO P.L.C.



Principal Place of Business
**3300 BONITA BCH RD STE 117
 BONITA SPRINGS, FL 34134**

Mailing Address
**3300 BONITA BCH RD STE 117
 BONITA SPRINGS, FL 34134**

2. Principal Place of Business - No P.O. Box #
5883 MARBLE COURT

3. Mailing Address
5883 MARBLE COURT

Suite, Apt. #, etc.


City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34110

Country
USA

00000000



-04142008 - Chg-LLC - CR2E083 (12/06)-

6. Name and Address of Current Registered Agent

**FIGARES, ALEX R ESQ
 4001 TAMiami TRAIL NORTH
 SUITE 300
 NAPLES, FL 34103**

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAMON, DARRYL E D.M.D. 5883 MARBLE COURT NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **4/15/08 (239) 435-3535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #