

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015159

Entity Name: DAYTONA SUBS, LLC

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

1700 W INTERNATIONAL SPEEDWAY BLVD
#145
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

1700 W INTERNATIONAL SPEEDWAY BLVD
#145
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 59-3743201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZOLSKY, JON
313 S ATLANTIC AVE
SUITE A
DAYTONA BEACH, FL 32118 US

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: MGRM () Delete
Name: ZOLSKY, OLGA
Address: 4670 LINKS VILLAGE DR., #A606
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM () Delete
Name: AGHELI, NASROLLAH
Address: 2 OCEANS WEST BLVD., #2103
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ZOLSKY, OLGA
Address: 4670 LINKS VILLAGE DR., #A606
City-St-Zip: PONCE INLET, FL 32127

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: JON ZOLSKY

MGRM

05/06/2008

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