

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000018607

1. Entity Name
DAISLEY FAMILY LLC



Principal Place of Business
**1906 HILLSDALE PLACE
SARASOTA, FL 34231**

Mailing Address
**1906 HILLSDALE PLACE
SARASOTA, FL 34231**



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0560861

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAISLEY, RUTH O
1906 HILLSDALE PLACE
SARASOTA, FL 34231**

**DO 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

000000775690
01/08/08-80039-016 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------|
| TITLE | MGRM |
| NAME | DAISLEY, ROBERT |
| STREET ADDRESS | 1906 HILLSDALE PL |
| CITY- ST- ZIP | SARASOTA, FL 34231 |
| TITLE | MGRM |
| NAME | LYONS, SUSANNE |
| STREET ADDRESS | PO BOX 1406 |
| CITY- ST- ZIP | ROSS, CA 94947 |
| TITLE | MGRM |
| NAME | DAISLEY, JANET |
| STREET ADDRESS | 32 WOODLOT ROAD |
| CITY- ST- ZIP | AMHERST, MA 01002 |
| TITLE | MGRM |
| NAME | DAISLEY, WILLIAM |
| STREET ADDRESS | 11786 HARBORSIDE CIRCLE N |
| CITY- ST- ZIP | LARGO, FL 33773 |
| TITLE | MGRM |
| NAME | DAISLEY, DONALD |
| STREET ADDRESS | 6425 ESQUIRE DR |
| CITY- ST- ZIP | ELDERSBURG, MD 21784 |
| TITLE | |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ruth O. Daisley **RUTH O. DAISLEY** 1/5/08 9419235142