


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000005022</b> 1. Entity Name <b>DAYL, LLC</b>	
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Principal Place of Business  
**2501 NW 29TH DR.  
BOCA RATON, FL 33434**

Mailing Address  
**2501 NW 29TH DR.  
BOCA RATON, FL 33434**



01182007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0395910</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DIAZ, NARCIZA  
2501 NW 29TH DRIVE  
BOCA RATON, FL 33434**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**02/07/07-80003-016 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, NARCIZA 2501 NW 29TH DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, TEODULO 2501 NW 29TH DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, DAVID A 2501 NW 29TH DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ TAVERAS, TANYA D 2501 NW 29TH DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, ROY S 2501 NW 29TH DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, DANIEL C 2501 NW 29TH DR. BOCA RATON, FL 33434

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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

**1/26/07**

Date

Daytime Phone # \_\_\_\_\_