

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L02000005022

1. Entity Name  
DAYL, LLC



Principal Place of Business  
2501 NW 29TH DR.  
BOCA RATON, FL 33434

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



02062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0395910

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** 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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME DIAZ, NARCIZA  
STREET ADDRESS 2501 NW 29TH DR.  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGR  
NAME DIAZ, TEODULO  
STREET ADDRESS 2501 NW 29TH DR.  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGR  
NAME DIAZ, DAVID A  
STREET ADDRESS 2501 NW 29TH DR.  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGR  
NAME DIAZ TAVERAS, TANYA D  
STREET ADDRESS 2501 NW 29TH DR.  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGR  
NAME DIAZ, ROY S  
STREET ADDRESS 2501 NW 29TH DR.  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGR  
NAME DIAZ, DANIEL C  
STREET ADDRESS 2501 NW 29TH DR.  
CITY-ST-ZIP BOCA RATON, FL 33434

U000000852259  
03/26/08-80022-005 138.75

**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 #