

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90136 016 ****50.00

DOCUMENT # L02000011002

1. Entity Name
DYLANO II, LLC



Principal Place of Business
235 OCALA ROAD SOUTH
TALLAHASSEE, FL 32304

Mailing Address
235 OCALA ROAD SOUTH
TALLAHASSEE, FL 32304

14020010



2. Principal Place of Business

3. Mailing Address

D.O. Box 2535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

Tallahassee, FL

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

32316

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONI, STEVEN M
235 OCALA ROAD SOUTH
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name

Leoni Steven M

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

2020 West Pensacola

Suite #27

City

Tallahassee

FL

Zip Code

32304

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.

STEVEN LEONI

(NOTE: Registered Agent signature required when reinstating)

7/22/2004

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME STUBBU, LEONI
STREET ADDRESS 235 S OCALA RD
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME Leoni, Steven
STREET ADDRESS P.O. Box 2535
CITY-ST-ZIP Tallahassee, FL 32316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

STEVEN LEONI

7/22/2004

Date

580-3131

Daytime Phone #