

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011002

1. Entity Name  
DYLANO II, LLC



**FILED**

07 APR 27 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
P.O. BOX 2535  
TALLAHASSEE, FL 32316

2. Principal Place of Business - No P.O. Box #  
2020 W. PENSACOLA ST.  
Suite, Apt. #, etc.  
SUITE # 27  
City & State  
TALLAHASSEE, FL  
Zip  
32304  
Country  
LEON

3. Mailing Address  
Suite, Apt. #, etc.  
BK  
City & State  
Zip  
Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
NOT APPLICABLE  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONI, STEVEN M  
2020 WEST PENSACOLA  
STE 27 SUITE 27  
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
SUITE 27  
City  
FL Zip Code

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 DATE 4/23/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

BK

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN P.O. BOX 2535 TALLAHASSEE, FL 32316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
000101630790 05/07/07--01005--013 **\$50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 4/23/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/07 850-580-3131  
Daytime Phone #