2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT #L02000011002 1. Entity Name DYLANO II, LLC					90016 012 ***138	3.75	
Principal Plac	e of Business	Mailing Address		600	27965		
2020 W. PENSACOLA STREET, SUITE #27		P.O. BOX 2535					
IALLAHASSE	E, FL 32304	TALLAHASSEE, FL 32	316			** 1561	
0.04-4-10	to a d D viscos - No D O Day #	3. Mailing Address					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			140 MM.161 LIMME 12011 WM.14 WM.166 110	O DI HII HENI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062008 Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number NOT APPLICABLE		plied For	
Zip	Country	Zip	Country	Certificate of Status Desired	☐ \$5.00 Add	itional	
		1 Davidson d	L		Fee Require	d	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name			
LEONI, STEVEN M 2020 W. PENSACOLA STREET, SUITE #27			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE, FL 32304							
e e			City	FL Zip Code			
The above named entity submits this statement for the purpose of changing its regis			s registered office or regi	istered agent, or both, in the State of Fi	• • •	and accept	
	ions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signature red	outred when reinstating)	DATE		
	: NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	75	· 	Mal	ke check payable to a Department of State		
9.	MANAGING MEME	ERS/MANAGERS	10.		/CHANGES	remains :	
TITLE	MGRM		10. TITLE			Addition	
	r	ERS/MANAGERS	TITLE		/CHANGES	remains :	
TITLE NAME	MGRM LEONI, STEVEN	ERS/MANAGERS	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		/CHANGES	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM LEONI, STEVEN P.O. BOX 2535	ERS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		/CHANGES	remains :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN P.O. BOX 2535	ERS/MANAGERS	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		/CHANGES	Addition	
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I hereby certify that the information soldlied 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 courage 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 TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE