

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90274 023 ****50.00

DOCUMENT # L02000012626

1. Entity Name

DAG, LLC



Principal Place of Business

Mailing Address

~~11660 MASTERS RUN~~
~~ELLICOTT CITY MD 21042~~

~~11660 MASTERS RUN~~
~~ELLICOTT CITY MD 21042~~

US 20106 NORTHCOTE DR
BOCA RATON FL 33434

US SAME

2. Principal Place of Business

3. Mailing Address

20106 NORTHCOTE DR

20106 NORTHCOTE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33434

Country

USA

Zip

33434

Country

USA

4. FEI Number

08-7348948

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUBIN, JOSHUA L P.A.
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI FL 33181

Name

JOSHUA L. DUBIN, P.A.

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

17701 BISCAYNE BLVD

Suite 201

City

AVENTURA

FL

Zip Code

33160

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE - MGRM
NAME GLEICHER, DENNIS A
STREET ADDRESS 11660 MASTERS RUN
CITY-ST-ZIP ELLICOTT CITY MD 21042

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CITY-ST-ZIP BOCA RATON, FL 33434

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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

DENNIS A GLEICHER

4/2/04

Date

561-487-4410

OR 410-730-9757

Daytime Phone #