

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019965

Entity Name: DALMINGO, LLC

FILED
Jul 11, 2007
Secretary of State

Current Principal Place of Business:

6017 PINE RIDGE RD.
PMB #343
NAPLES, FL 34119-39

New Principal Place of Business:

6017 PINE RIDGE RD.
PMB #343
NAPLES, FL 34119

Current Mailing Address:

6017 PINE RIDGE RD.
PMB #343
NAPLES, FL 34119-39

New Mailing Address:

6017 PINE RIDGE RD.
PMB #343
NAPLES, FL 34119

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, LESLIE B
6017 PINE RIDGE RD.
PMB #343
NAPLES, FL 34119-39 US

Name and Address of New Registered Agent:

JONES, LESLIE B
6017 PINE RIDGE RD.
PMB #343
NAPLES, FL 34119 US

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.

SIGNATURE:

07/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, LESLIE B
Address: 6017 PINE RIDGE RD. PMB #343
City-St-Zip: NAPLES, FL 34119 US

Title: MGR () Delete
Name: GATLEY, EDMUND H
Address: 6017 PINE RIDGE RD. PMB #343
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LESLIE B. JONES

MGRM

07/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date