2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019965

Entity Name: DALMINGO, LLC

FILED Aug 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6017 PINE RIDGE RD. 6017 PINE RIDGE RD. #343

NAPLES, FL 34119 NAPLES, FL 34119

Current Mailing Address: New Mailing Address:

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

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 JONES, LESLIE B
 JONES, LESLIE B

 6017 PINE RIDGE RD.
 6017 PINE RIDGE RD.

 PMB #343
 #343

 NAPLES, FL 34119 US
 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: LESLIE B. JONES 08/25/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: JONES, LESLIE B
Address: 6017 PINE RIDGE RD. PMB #343
Address: 6017 PINE RIDGE RD. #343

City-St-Zip: NAPLES, FL 34119 US City-St-Zip: NAPLES, FL 34119 US

Title: MGR () Delete Title: MGR (X) Change () Addition Name: GATLEY, EDMUND H Name: GATLEY, EDMUND H

Address: 6017 PINE RIDGE RD. PMB #343 Address: 6017 PINE RIDGE RD. #343
City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119

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 MGR 08/25/2009