

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90457 025 \*\*\*\*50.00

**34006486**

**DOCUMENT # L02000032851**

1. Entity Name  
**DAISYLO, LLC**



Principal Place of Business  
**15700 BISCAYNE BLVD.  
N. MIAMI BEACH, FL**

Mailing Address  
**4225 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146**

**DO NOT WRITE IN THIS SPACE**

01262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**22-3885973**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KRAMER, JAMES I  
4225 PONCE DE LEON BLVD.  
MIAMI, FL 33146**

**DO NOT WRITE  
IN THIS SPACE**

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)

**5/3/04**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LOPATE, DAVID S  
1343 MONROE STREET  
HOLLYWOOD, FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LOPATE, MICHELLE  
1343 MONROE STREET  
HOLLYWOOD, FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

**M. LOPATE**

**5-3-04 954-9218160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #