

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032851

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: DAISYLO, LLC

**Current Principal Place of Business:**

15700 BISCAYNE BLVD.  
N. MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

15700 BISCAYNE BLVD.  
N. MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 22-3885973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVID, LOPATE S  
15700 BISCAYNE BLVD  
HOLLYWOOD, FL 33160 US

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

DAVID, LOPATE S  
15700 BISCAYNE BLVD  
N MIAMI BEACH, FL 33160 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: \_\_\_\_\_

04/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOPATE, DAVID S  
Address: 1343 MONROE STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR ( ) Delete  
Name: LOPATE, MICHELLE  
Address: 1343 MONROE STREET  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LOPATE, DAVID S  
Address: 15700 BISCAYNE BLVD  
City-St-Zip: N MIAMI BEACH, FL 33160

Title: MGR (X) Change ( ) Addition  
Name: LOPATE, MICHELLE  
Address: 15700 BISCAYNE BLVD  
City-St-Zip: N MIAMI BCH, FL 33160

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: DAVID LOPATE

MR

04/21/2008

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