

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000004352

1. Entity Name
DAY, LC



Principal Place of Business
**17116 NEWPORT CLUB DRIVE
BOCA RATON, FL 33496**

Mailing Address
**17116 NEWPORT CLUB DRIVE
BOCA RATON, FL 33496**



01182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2416232

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARLICK, MICHAEL
17116 NEWPORT CLUB DRIVE
BOCA RATON, FL 33496**

**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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000413711
02/11/06-80007-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GARLICK, MICHAEL
STREET ADDRESS	17116 NEWPORT CLUB DR.
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

4/20/06 561-999-0606

Date

Daytime Phone #