

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000015538

1. Entity Name
DACACO HOLDINGS, LLC



Principal Place of Business
265 CLYDE MORRIS BLVD., SUITE #100
ORMOND BEACH, FL 32174

Mailing Address
265 CLYDE MORRIS BLVD., SUITE #100
ORMOND BEACH, FL 32174



04042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3113750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114

**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 renouncing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DAVIES, WILLIAM G
STREET ADDRESS 265 CLYDE MORRIS BLVD., SUITE #100
CITY - ST - ZIP ORMOND BEACH, FL 32174

TITLE MGR
NAME CASEY, CHARLES J
STREET ADDRESS 265 CLYDE MORRIS BLVD., SUITE #100
CITY - ST - ZIP ORMOND BEACH, FL 32174

TITLE MGR
NAME COOK, DOUGLAS J
STREET ADDRESS 9775 CROSS CREEK
CITY - ST - ZIP S. LYON, MI 48178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000728849
05/08/07-80017-001 100.00

**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: *Linda C. Moon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-4-07

Date

386-671-6778

Daytime Phone #