


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90162 043 ****50.00

| | |
|---|---|
| DOCUMENT # L03000021537 1. Entity Name D. ANTHONY SERVICES, L.L.C. |  |
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| | |
|---|---|
| Principal Place of Business 6006 SW 108TH STREET OCALA, FL 34476 US | Mailing Address 6006 SW 108TH STREET OCALA, FL 34476 US |
|---|---|



03232005 No Chg-LLC

CR2E083 (10/03)

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| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 36-4534606 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent LISS, RICHARD 211 S.W. 33RD AVENUE OCALA, FL 34474 | 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 restate.)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LISS, DAVID 6006 SW 108TH STREET OCALA, FL 34476 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LISS, FAITH 6006 SW 108TH STREET OCALA, FL 34476 |
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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: _____

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

Becky Liss BECKY LISS, MEMBER

3/25/05

Date

440-331-3933

Daytime Phone #