


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000042738</b>                  |  |
| 1. Entity Name<br><b>DANX CONSTRUCTION, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>3725 12TH ST<br/>MICCO FL 32976<br/>US</b> | Mailing Address<br><b>3725 12TH ST<br/>MICCO FL 32976<br/>US</b> |
|--|--|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

1st MOORE CR2E083 (10/06)

|   |  |   |   |
|---|--|---|---|
| 4. FEI Number<br><b>73-1682154</b>  |  | Applied For<br><input type="checkbox"/>   | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$5.00</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><b>MAYNARD, DAN H<br/>819 GENESEE AVE<br/>SEBASTIAN FL 32958</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                      |   | 10. ADDITIONS/CHANGES                             |   |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | SP<br>MAYNARD, DAN<br>3725 12TH ST.<br>MICCO FL 32976 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000654043<br/>03/13/07-80046-008 50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Dan Maynard / **DAN MAYNARD** **2-25-07 (772) 400-6777**