

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000052822

1. Entity Name
DAMALE-JULDAN, LLC



Principal Place of Business

**10290 ALLAMANDA BLVD.
PALM BEACH GARDENS, FL 33410 US**

Mailing Address

**10290 ALLAMANDA BLVD.
PALM BEACH GARDENS, FL 33410 US**



01292006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0579094

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SINGER, MICHAEL S
3801 PGA BLVD
SUITE 604
PALM BEACH GARDENS, FL 33410**

**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, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
VACCARELLO-CRUZ, MARY A MANAGER
10290 ALLAMANDA BLVD
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CRUZ, MAURICE MANAGER
10290 ALLAMANDA BLVD
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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02/11/06-80027-012 55.00

**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:

Mary Vaccarello Cruz

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

1/30/2006

Date

(601) 624-1985

Daytime Phone #