

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

04-20-2006 90037 013 *****50.00

DOCUMENT # L03000056607

1. Entity Name

DATG, LLC



Principal Place of Business

3501 PGA BLVD
STE 201
PALM BEACH GARDENS FL 33410

Mailing Address

3501 PGA BLVD
STE 201
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

35-2224079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENIN, CRAIG L
C/O MENIN DEVELOPMENT COMPANIES, INC.
201 N. U.S. HIGHWAY 1, SUITE D-5
JUPITER FL 33477**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when recertifying)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MENIN, CRAIG**
CITY - ST - ZIP **3501 PGA BLV STE 201
PALM BEACH GARDENS FL 33410**

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **RBJ, LLC**
CITY - ST - ZIP **3501 PGA Blvd, Suite 201
Palm Beach Gardens, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY - ST - ZIP

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 or authorized representative of the limited liability company.

SIGNATURE:

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

Title

Daytime Phone #

1-26-06

561-282-5000