

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000000730	
1. Entity Name DAM GOOD VIEW, L.L.C.	

Principal Place of Business 501 PAWNEE TRAIL MAITLAND FL 32751	Mailing Address 501 PAWNEE TRAIL MAITLAND FL 32751
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E083 (10/07)
4. FEI Number 20-0828589	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MACKAY, DAVID L ESQ. 2801 SOUTHWEST COLLEGE ROAD, SUITE 9 OCALA FL 34474
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7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent's signature required when changing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
MGRM MACKAY, GEORGE L 501 PAWNEE TRAIL MAITLAND FL 32751	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
MGR GARNER, MARY ANN 2025 KING ARTHUR CIR. MAITLAND FL 32751	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
MGR MACKAY, DAVID L 5050 SW 80TH ST. OCALA FL 34476	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
U000000816777 02/14/08-80063-019 138.75	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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:  **2/04/08 (167) 461-0416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE