

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000012039

1. Entity Name
DOLLAR DAZE, LLC



Principal Place of Business
**12575 STAGECOACH LANE
JACKSONVILLE, FL 32223 US**

Mailing Address
**12575 STAGECOACH LANE
JACKSONVILLE, FL 32223 US**



03252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2126036

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TUFEGDZIC, CHARGER A
12575 STAGECOACH LANE
JACKSONVILLE, FL 32223**

**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

Tim Leigh

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

Tim Leigh

(NOTE: Registered Agent signature required when reinstating)

4-12-05

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TUFEGDZIC, CHARGER A
STREET ADDRESS	12575 STAGECOACH LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGR
NAME	LEIGH, TIMOTHY G II
STREET ADDRESS	334 OGLETHORPE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80045-012 50.00

**DO NOT WRITE
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)(f), 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:

Tim Leigh

Tim Leigh

4-12-05

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

Date

Daytime Phone #