


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000026063 1. Entity Name DAC-TECH, LLC	
-------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 365 SUMMERSET DRIVE JACKSONVILLE, FL 32259 US	Mailing Address 365 SUMMERSET DRIVE JACKSONVILLE, FL 32259 US
---------------------------------------------------------------------------------	---------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0506783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRAWAY, ANDREW J ESQ
365 SUMMERSET DRIVE
JACKSONVILLE, FL 32259

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRAWAY, ANDREW J 365 SUMMERSET DRIVE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRAWAY, DENISE C 365 SUMMERSET DRIVE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000775735
01/08/08-80041-011 138.75

**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:  Andrew J. Carraway **1/5/08** **94287-7762**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #