

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026749

Entity Name: DAGARI, LLC

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

5210 NORTH BRANCH AVENUE
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

5210 NORTH BRANCH AVENUE
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: 16-1697621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, ALAN C
5210 NORTH BRANCH AVENUE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHULER, BRYAN
Address: 935 24TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337041 US

Title: MGRM () Delete
Name: DENNIS, KEVIN L
Address: 5138 PURITAN CIR.
City-St-Zip: TAMPA, FL 33617 US

Title: MGRM () Delete
Name: THOMAS, ALAN C
Address: 5210 NORTH BRANCH AVENUE
City-St-Zip: TAMPA, FL 33603 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN C. THOMAS

MGRM

09/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date