

**2007. LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000034254

1. Entity Name
DALMANA DEVELOPMENT, LLC



Principal Place of Business
2200 KINGS HIGHWAY, BLDG. 3L, SUITE 67
PT. CHARLOTTE, FL 33980

Mailing Address
2200 KINGS HIGHWAY, BLDG. 3L, SUITE 67
PT. CHARLOTTE, FL 33980



03122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1103872

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TISEO, ALBERT J JR., ESQ
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948-1088

**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 required on behalf of registered agent and the filer.

(NOTE: Registered Agent signature is required when transferring.)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME D'ALESSANDRO, PAUL
STREET ADDRESS 21097 ILIADE AVENUE
CITY, ST, ZIP PORT CHARLOTTE, FL 33952

TITLE MGRM
NAME D'ALESSANDRO, ANNA
STREET ADDRESS 21097 ILIADE AVENUE
CITY, ST, ZIP PORT CHARLOTTE, FL 33952

TITLE MGRM
NAME GERMANA, EUGENE
STREET ADDRESS 2355 BREMEN COURT
CITY, ST, ZIP PUNTA GORDA, FL 33983

TITLE MGRM
NAME GERMANA, DENISE
STREET ADDRESS 2355 BREMEN COURT
CITY, ST, ZIP PUNTA GORDA, FL 33983

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

U000000667603
03/26/07-80035-003 50.00

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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: _____

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

3/12/07

Date

941
6260416

Seal or Signature