

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

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90163 038 \*\*\*138.75

DOCUMENT # L04000034254

1. Entity Name

DALMANA DEVELOPMENT, LLC



Principal Place of Business

2200 KINGS HIGHWAY, BLDG. 3L, SUITE 6  
PT. CHARLOTTE FL 33980

Mailing Address

2200 KINGS HIGHWAY, BLDG. 3L, SUITE 6  
PT. CHARLOTTE FL 33980



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1103872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Albert J. Tiseo Jr. Esq

Street Address (P.O. Box Number is Not Acceptable)  
701 J.C. Center Ct. Ste 3

City Port Charlotte FL 33954

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 of the person who is the registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when registering)

4/4/08

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME Same  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME Same  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME Same  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME Same  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Paul D'Alessandro

2-3-08

941 626 0416

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

Date

Optional Phone #