

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000043318

1. Entity Name
DLFMC, LLC



Principal Place of Business
**315 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**

Mailing Address
**315 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1727586

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FINCKE, GERALD B
315 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FINCKE, GERALD B
315 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCNEIL, GORDON H
44 OAK MEADOW TRAIL
PITTSFORD, MY 14534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHAPIN, WILLIAM
153 NEPTUNE AVE
ORMOND BEACH, FL 32176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LANDSMAN, ELLIOTT
3 TOWNLINE CIRCLE
ROCHESTER, NY 14623**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DIAMOND, ISADORE
C/O MCNEIL 44 OAK MEADOW TR
PITTSFORD, NY 14534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000591498
01/19/07-80026-005 50.00

**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 609, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

Gerald B. Fincke, Managing Member

1/16/07 386-257-5077