
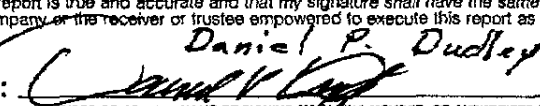


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000061041 1. Entity Name DAILIN LLC		
Principal Place of Business 11476 PINE ST. JACKSONVILLE, FL 32258		Mailing Address 11476 PINE ST. JACKSONVILLE, FL 32258
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DUDLEY, DANIEL P MGRM 11476 PINE STREET JACKSONVILLE, FL 32258		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUDLEY, DANIEL P MGRM 11476 PINE STREET JACKSONVILLE, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUDLEY, LINDA B MGRM 11476 PINE STREET JACKSONVILLE, FL 32258	
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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		3/8/06 904-613-0737 <small>Date Daytime Phone</small>



02282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0730518	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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03/23/06-80016-023 50.00

**DO NOT WRITE
IN THIS SPACE**