

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000061716**

1. Entity Name  
**DAMGAARD LLC**



Principal Place of Business  
**5816 SW ARCHER ROAD  
LOT 56  
GAINESVILLE, FL 32608 US**

Mailing Address  
**5816 SW ARCHER ROAD  
LOT 56  
GAINESVILLE, FL 32608 US**



01292006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2158948**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DAMGAARD, JUDY M  
5816 SW ARCHER ROAD  
LOT 56  
GAINESVILLE, FL 32608**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DAMGAARD, JUDY M SEC.
STREET ADDRESS	5816 SW ARCHER RD. LOT 56
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGR
NAME	DAMGAARD, JENS-OTTO PRES.
STREET ADDRESS	5816 SW ARCHER RD. LOT 56
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGR
NAME	DAMGAARD, KENN K VP
STREET ADDRESS	6313 CHASEWOOD DR.
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344
TITLE	MGR
NAME	DAMGAARD, AMALIA TREAS.
STREET ADDRESS	6313 CHASEWOOD DR.
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000415358  
02/11/06-80103-012 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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

*Judy Damgaard*  
**Judy Damgaard**

**1-30-06 (352) 375-3242**

Date

Daytime Phone #