


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90083 035 ****55.00

DOCUMENT # L04000064596	
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1. Entity Name
DA-RHON, LLC

Principal Place of Business
1566 16TH STREET SOUTH
ST. PETERSBURG, FL 33705

Mailing Address
P.O. BOX 35036
ST. PETERSBURG, FL 33705

2. Principal Place of Business - No P.O. Box #
1550 16TH STREET SO.

3. Mailing Address
PO BOX 35036

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST PETERSBURG FL

City & State
ST. PETERSBURG FL

City & State

Zip
33705

Country
USA

Zip
33705

Country
USA

05072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
80-0123277

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MOTT, DAVID N	
STREET ADDRESS	1566 16TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FOSTER, RHONDA R	
STREET ADDRESS	1566 16TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1550 16TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGRM FOSTER Rhonda R	
STREET ADDRESS	PO BOX 35036	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #