

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080064

FILED
Aug 25, 2009
Secretary of State

Entity Name: DAR PO INVESTMENTS, LLC

Current Principal Place of Business:

3603 RIVERSIDE AVE
APT. # 2
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

3603 RIVERSIDE AVE
APT. # 2
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 20-1872288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POWERS, WALTER D
3603 RIVERSIDE AVE
APT. # 2
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POWERS, WALTER D
Address: 3603 RIVERSIDE AVE. APT. # 2
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: DARIUS, DONOVIN L
Address: 3603 RIVERSIDE AVE. APT. # 2
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DARIUS, DONOVIN L
Address: 8313 MOLLER RANCH DRIVE
City-St-Zip: PLEASANTON, CA 94588

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALTER D POWERS

MMBR

08/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date