

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000089351

1. Entity Name
DFF BEACH, LLC



Principal Place of Business
511 ROYAL GREENS DRIVE
TEMPLE TERRACE, FL 33617

Mailing Address
511 ROYAL GREENS DRIVE
TEMPLE TERRACE, FL 33617



02112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2235943

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, FRANCES M
511 ROYAL GREENS DRIVE
TEMPLE TERRACE, FL 33617

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000910222
05/06/08-80102-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JACKSON, FRANCES M
STREET ADDRESS 511 ROYAL GREENS DR.
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE MGRM
NAME GARCIA, FRANK J
STREET ADDRESS 6610 HEATHERTON CT.
CITY-ST-ZIP TAMPA, FL 33617

TITLE MGRM
NAME VALENTI, DANIA
STREET ADDRESS 6617 GLENCOE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

4/15/08 (83) 988-5471