2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 18, 2005 8:00 am Secretary of State

DOCUMENT # L0400092618 1. Entity Name DARIAS II, LLC				07-18-2005 90109 023 ****50.00				
Principal Place of Business Mailing Address					1			
7437 CYPRESS KNOLL DRIVE		7437 CYPRESS KNOLL DRIVE						
NEW PORT RICHEY, FL 34653		NEW PORT RICHEY, FL 34653						
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Principal Place of Business 3. Mailing Address				-				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072005	Chg-LLC	CR2E083 (10/03	3)	
City & State		City & State		4. FEI Numb	5-2016	7 U X U →	Applied For	
Zip Country		Zip Country		1. 20	1 00 10	\$5.00	Not Applicable	
					5. Certificate	of Status Desired	Fac Requ	ired
6. Name and Address of Current Registered Agent			Nome	7. Name and Address of New Registered Agent				
LASMAN, JEFFREY M ESQ.		į	Name					
C/O LASMAN LAW FIRM, P.A.			Street Address (P.O. Box Number is Not Acceptable)					
1210 MILLENNIUM PAR BRANDON, FL 33511	KWAY		Ì		-,	-		
				City	FL Zip Code			
6. The above named entity sub	mits this statement for	the purpose of changing its	registere	ed office or registe	ered agent, or bo	th, in the State of Flo	<u>- </u>	h, and accept
the obligations of registered		pa paramatan			J			
SIGNATURE	ted name of registered agent an	d (b) If a life able	F. Doglotoro	Agent signature require		·	DATE	
aignature, typed or print	red usue or redizing on aden a							
				· ·	o when reinstating)		OAIL	
Filing Fee is \$5 Due by September				,	o when reinstating)		e check payable to Department of St	
			10.		o when reinstating)		e check payable to Department of St	
9. ITILE MGRM	MANAGING MEMBER		10.		o when reinstating)	Florida	e check payable to Department of St	ate
9. IITLE MGRM NAME DARIAS, ERN	MANAGING MEMBER	IS/MANAGERS	10. TITLE NAME		o when reinstaing)	Florida	e check payable to Department of St	ate
9. IIILE MGRM NAME STREET ADDRESS 7437 CYPRES	MANAGING MEMBER IE A SS KNOLL DRIVE	IS/MANAGERS	10. TITLE NAME STREE		o when reinstaing)	Florida	e check payable to Department of St	ate
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 TAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destro Destro