

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000015086

1. Entity Name

DATURA & OLIVE DEVELOPER LLC



FILED
Aug 08, 2008 08:00 AM
Secretary of State

Principal Place of Business

10340 DEMOCRACY LN
SUITE 101
FAIRFAX, VA 22030

Mailing Address

10340 DEMOCRACY LN
SUITE 101
FAIRFAX, VA 22030



08012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2338795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KRAMER, RICHARD L
STREET ADDRESS 10340 DEMOCRACY LN SUITE 101
CITY-ST-ZIP FAIRFAX, VA 22030

TITLE MGR
NAME GRIGG, STEVEN A
STREET ADDRESS 10340 DEMOCRACY LN SUITE 101
CITY-ST-ZIP FAIRFAX, VA 22030

TITLE MGR
NAME PETER, DAVID L
STREET ADDRESS 10340 DEMOCRACY LN SUITE 101
CITY-ST-ZIP FAIRFAX, VA 22030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

8/01/08

Date

Daytime Phone #