2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016630

1. Entity Name
DYALTONES, LLC



FILED
Mar 11, 2008 08:00 A
Secretary of State

Principal Place of Business

10511 CASANOVA DRIVE TALLAHASSEE, FL 32317 Mailing Address

10511 CASANOVA DRIVE TALLAHASSEE, FL 32317



DO NOT WRITE IN THIS SPACE

03042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Sp-3798351 Applied For Not Applicable

5. Certificate of Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

SINGH, SWATI N 10511 CASANOVA DRIVE TALLAHASSEE, FL 32317

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8.	The above named entity submits this statement for the purpose of chathe obligations of registered agent.	nanging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SI	GNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent algorature required when reinstating)	DATE

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

000000854468 03/27/03-80009-004 138.75

MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME SINGH, SWATI N STREET ADDRESS 10511 CASANOVA DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32317 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11.	I hereby certify that the information supplied with this filling 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 that the armanaging 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

Lusti N. Sigh

3/6/08 +50-878-9928

IORIZED REPRESENTATIVE

Daytime Phone #