

DOCUMENT # L05000022858

1. Entity Name DAG 2, LLC



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

20106 NORTHCOTE DRIVE BOCA RATON, FL 33434 20106 NORTHCOTE DRIVE BOCA RATON, FL 33434



02072007 No Chg-LLC

CR2E083 (11/05)

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

JOSHUA L. DUBIN, P.A. 17701 BISCAYNE BLVD., SUITE 201 AVENTURA, FL 33160

DO NOT WRITE IN THIS SPACE

		100 4010	
	e named entity submits this statement for the purpose of chan tions of registered agent.		e State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and life if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007	(NOTE Tragellorous agriculous organical article (crisistering)	DAIL
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS	MGRM GLEICHER, DENNIS A 20106 NORTHCOTE DRIVE		
CITY-ST-ZIP	BOCA RATON, FL 33434		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		03	U00000641915 /01/07-80006-024 50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		in th	IS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	l .		

11. I hereby certify that the information supplied with this fiting 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 the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

DENNIS A GLEICHER

#EB1507 561-4874410

Daytime Phor