

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000027310

1. Entity Name
DAMAT INVESTMENTS, LLC



Principal Place of Business
**6950 NUNN ROAD
LAKE LAND, FL 33813**

Mailing Address
**6950 NUNN ROAD
LAKE LAND, FL 33813**



07092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, PHILIP O ESQ.
C/O PETERSON & MYERS, P.A.
225 E. LEMON STREET, SUITE 300
LAKE LAND, FL 33801**

**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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TOUCHTON, DAVID M
6950 NUNN ROAD
LAKE LAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TOUCHTON, MARY ANN
6950 NUNN ROAD
LAKE LAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000768614
07/13/07-80004-022 50.00

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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 accept 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 #

1/9/07 863-640-7777