

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 10, 2006 8:00 am
Secretary of State

02-09-2006 90147 006 ****50.00

DOCUMENT # L05000031493

1. Entity Name
DAML PROPERTIES, LLC



Principal Place of Business
**3292 OAKMONT TERRACE
LONGWOOD, FL 32779 US**

Mailing Address
**3292 OAKMONT TERRACE
LONGWOOD, FL 32779 US**

30002194



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2592672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANISCALCO, DOUGLAS
3292 OAKMONT TERRACE
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MANISCALCO, DOUGLAS
3292 OAKMONT TERRACE
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
ALLEN, MICHAEL W
2132 HAAS ROAD
APOPKA, FL 32712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
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CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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NAME
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CITY- ST- ZIP
☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-4-06

(907)539-2212



ATTACHMENT
30002194

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

DAML PROPERTIES, LLC
3292 OAKMONT TERRACE
LONGWOOD, FL 32779 US

Subject: **DAML PROPERTIES, LLC**

Reference Number:

05000031493

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION