

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035201

Entity Name: DA DIZZY BOOKS LLC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

742 GOVERNMENT AVE
A
NICEVILLE, FL 32578

New Principal Place of Business:

359 SYCAMORE DRIVE
FREEPORT, FL 32439

Current Mailing Address:

742 GOVERNMENT AVE
A
NICEVILLE, FL 32578

New Mailing Address:

PO BOX 5444
NICEVILLE, FL 32578

FEI Number: 51-0540493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLL, MARY E
742 GOVERNMENT AVE
A
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

NOLL, MARY E
359 SYCAMORE DRIVE
FREEPORT, FL 32439 US

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.

SIGNATURE: MARY E NOLL

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NOLL, MARY E
Address: 742 GOVERNMENT AVE STE A
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Delete
Name: WEST, KEVIN J
Address: 742 GOVERNMENT AVE STE A
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NOLL, MARY E
Address: 359 SYCAMORE DRIVE
City-St-Zip: FREEPORT, FL 32439

Title: MGR (X) Change () Addition
Name: WEST, KEVIN J
Address: 359 SYCAMORE DRIVE
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY E NOLL

MGR

04/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date