## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## **FILED** Apr 08, 2008 08:00 A Secretary of State DOCUMENT # L05000036012 D & A MAINTENANCE LLC Principal Place of Business Mailing Address 281 CAMPBELL ST 281 CAMPBELL ST SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 03252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4573423 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZALACE, ARIX DO NOT WRITE 281 CAMPBELL ST SANTA ROSA BEACH, FL 32459 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. When or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$138.79 After May 1, 2008 Fee will be \$538.75 U000000886761 /18/08-80070-017 MANAGING MEMBERS/MANAGERS MGR TITLE NAME ZALACE, ARIX STREET ADDRESS 281 CAMPBELL ST SANTA ROSA BEACH, FL 32459 CITY-ST-7IP MGR TITLE NAME IGOU, DEVON STREET ADDRESS 297 CAMPBELL ST SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 is 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 execute this report as required by Chapter 608, Florida Statutes

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE