

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90072 012 ***150.00

DOCUMENT # L05000043203 1. Entity Name DA FAMILY HOLDINGS, LLC			
Principal Place of Business 2301NW 66TH TERRACE SUITE #5 DAVIE, FL 33317		Mailing Address PO BOX 552350 FT. LAUDERDALE, FL 33355	
2. Principal Place of Business - No P.O. Box # 3535 SW 50th Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 552350 Suite, Apt. #, etc.	
City & State DAVIE, FL Zip 33314		City & State FT. LAUDERDALE, FL Zip 33355	
Country USA		Country USA	
6. Name and Address of Current Registered Agent RYAN, JEFFREY T 5273 SW 106TH AVE FT. LAUDERDALE, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
4. FEI Number 26-5950402			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, JEFFREY T 5273 SW 106TH AVE FT LAUDERDALE, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 4/15/08 Daytime Phone #: 954.818.2585	