2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000049179

1. Entity Name D.A.R.C., LLC

FILED Jan 24, 2007 08:00 A **Secretary of State**

Principal Place of Business

714 W. BLUE SPRINGS ORANGE CITY, FL 32763

Mailing Address

714 W. BLUE SPRINGS ORANGE CITY, FL 32763

US__



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4534568

Applied For Not Applicable

5. Certificate of Status Desired .

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLANCE, ROBIN J 714 W. BLUE SPRINGS ORANGE CITY, FL 32763

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-16-07

Davtime Phone #

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, 2007			
9.	MANAGING MEMBERS/MANAGERS		A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALLANCE, ROBIN J 714 W. BLUE SPRINGS AVE. ORANGE CITY, FL 32763		U00000600598 01/26/07-80015-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY+ST+ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADORESS 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 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.			

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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. Lam lamiliar with, and accept