


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000065881

1. Entity Name
D.A.A.J., LLC



Principal Place of Business
18875 NORTH JACKSON HIGHWAY
RUSSELLVILLE, AL 35654

Mailing Address
C/O GARY A. KAHLE, ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950

2. Principal Place of Business - No P.O. Box #
300 Capstan Drive

3. Mailing Address
Suite, Apt. #, etc.

City & State
Placida FL


City & State
FL

Zip
33946

Country
Charlotte

2007 MAY 18 P 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3300723

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHLE, GARY A ESQ
99 NESBIT STREET
PUNTA GORDA, FL 33950

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DENNIS 18875 NORTH JACKSON HIGHWAY RUSSELLVILLE, AL 35674 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Capstan Drive Placida, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVARADO, ALMA 18875 NORTH JACKSON HIGHWAY RUSSELLVILLE, AL 35674 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Capstan Drive Placida, FL 33946
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
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 000103221210 05/24/07--01033--011 **3822.50
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
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

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.

Dennis Jones

SIGNATURE: _____

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

4-24-07

941-735-9391

Date Daytime Phone #