2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DAJAY HOLDINGS LLC									000 OCT 14		2	
Principal Plac	e of Busines			Mailing Address			1	Mill oc.		<u>:</u>		
86427 EASTPORT DRIVE FERNANDINA BEACH FL 32034 US				86427 EASTPORT DRIVE FERNANDINA BEACH FL 32034 US					SEURETARY	E GORT		
2. Principal Place of Business - No P.O. Box # 5889 S. Williamson Blvd.				3. Mailing Address 5889 S. Williamson Blvd				:				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				2r	nd MOORE	CR2E083	(4/08)	
Suite 214			_	Suite 214 City & State				4 FELNum	oer Carlo		- I Ar	pplied For
Port Orange, FL				Port Orange, Fi				4. 1	AP-PLIED	FOR (J	\	ot Applicable
Zip 32128	Country USA			ZipOur		itry SA	5. Certificate of		e of Status Desired		5.00 Add ee Require	
	6. Name	and Address of Currer	nt Reg	istered Agent		Name -			d Address of New	Registered A	zent	
CO	K. DAVID			1		id J.	Cox					
864	27 EASTI	PORT DRIVE A BEACH FL 320	34		Street Address (P.O. Box Number is Not Acceptable) 5889 5. Williamson Blvd, Suite 21						c 214	
City Port Orange FL Zig Codi 28												
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, if the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature of registered agent and their applicable. (NOTE Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$5. Make Check Payable to Florida Dep Due By September 3, 2								nt of State	S.607.193(2)(b), F.1 late fee. By che company certifies	cking this bo	x. the limit	ted liability stice. Fee to
;		MANAGING MEN	0500		y Septe		800		file is \$138.75	S/CHANGES		Y
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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.												
innited naturity company of the receiver of ituates empowered to execute this report as required by chapter own, i folias statutes.												
SIGNAT	SIGNATURE: David Cox											
		AND TYPES OR PRINTED NAME	OF 6	ONING MANAGING MEMBER, MA	NAGER, O	AUTHORIZED I	REPRESE	NTATIVE	Date	Dar	уште Ріххіе #	