

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081430

Entity Name: DAJAY HOLDINGS LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

5889 S. WILLIAMSON BLVD.
SUITE 214
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

5889 S. WILLIAMSON BLVD.
SUITE 214
PORT ORANGE, FL 32128 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, DAVID J
5889 S. WILLIAMSON BLVD.
SUITE 214
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COX, DAVID J
Address: 86427 EASTPORT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM () Delete
Name: COX, JAYCI K
Address: 86427 EASTPORT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COX, DAVID J
Address: 3545 TUSCANY RESERVE BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM (X) Change () Addition
Name: COX, JAYCI K
Address: 3545 TUSCANY RESERVE BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID J COX

MGRM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date