

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90168 008 \*\*\*\*50.00

**DOCUMENT # L05000081602**

1. Entity Name

DMGD, LLC



Principal Place of Business

1390 SANIBEL LANE  
MERRITT ISLAND FL 32952

Mailing Address

1390 SANIBEL LANE  
MERRITT ISLAND FL 32952

2. Principal Place of Business

3712 N Courtenay Pkwy

Suite, Apt. #, etc.

12

3. Mailing Address

3712 N. Courtenay Pkwy

Suite, Apt. #, etc.

12

1st MOORE

CR2E083 (10/05)

City & State

Merritt Island FL

City & State

Merritt Island FL

4. FEI Number

03-0572676

Applied For

Not Applicable

Zip

32953

Country

Zip

32953

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DENNIS G  
1390 SANIBEL LANE  
MERRITT ISLAND FL 32952

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

*[Signature]*

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-06

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME *Managing Member*  
STREET ADDRESS *DENNIS G MURRAY*  
CITY-ST-ZIP *1390 Sanibel Lane*  
*Merritt Island FL 32953*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:

*[Signature]*

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

Date

Daytime Phone #

1-30-06