

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90370 036 ****50.00

DOCUMENT # L05000098697

1. Entity Name
DGR MAINTENANCE LLC



Principal Place of Business
**12050 SUMMERGATE CIRCLE
UNIT 204
FT MYERS, FL 33913**

Mailing Address
**12050 SUMMERGATE CIRCLE
UNIT 204
FT MYERS, FL 33913**

DO NOT WRITE IN THIS SPACE



02112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3956105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RACE, DAVID G
12050 SUMMERGATE CIRCLE
UNIT 204
FT MYERS, FL 33913**

**DO NOT WRITE
IN THIS SPACE**

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, 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

TITLE	MGR
NAME	RACE, DAVID G
STREET ADDRESS	12050 SUMMERGATE CIRCLE UNIT 204
CITY- ST- ZIP	FT MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

David G Race

4/17/07 (239) 770-7429

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

Date

Daytime Phone #