

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90073 022 ***143.75

DOCUMENT # L05000099892

1. Entity Name
DAKA PROPERTIES, LLC



Principal Place of Business
**4457 BAYOU BLVD
PENSACOLA, FL 32503**

Mailing Address
**4457 BAYOU BLVD
PENSACOLA, FL 32503**

2. Principal Place of Business - No P.O. Box #
801 E. Cervantes St.
Suite, Apt. #, etc.
Suite B

3. Mailing Address
801 E. Cervantes St.
Suite, Apt. #, etc.
Suite B



02072008 Chg-LLC CR2E083 (12/06)

City & State
Pensacola, FL
Zip
32501

City & State
Pensacola, FL
Zip
32501

4. FEI Number
76-0803958

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SAPP, DAVID A
801 E CERVANTES STREET STE B
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name
Sapp, David A
Street Address (P.O. Box Number is Not Acceptable)
801 E. Cervantes St. Suite B
City
Pensacola **FL** Zip Code
32501

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 and title if applicable.

MANAGING MEMBER
(NOTE: Registered Agent signature required when reinstating)

2/6/08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SAPP, DAVID A
1967 MEANDER CIRCLE
CANTONMENT, FL 32533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Sapp, David A
801 E. Cervantes St., Suite B
Pensacola, FL 32501** ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE:

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

Date

Daytime Phone #

[Signature] **MANAGING MEMBER** **2/6/08** **(850) 475-0500**