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Secretary of State
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1st MOORE CR2E083 (10/06)

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000009077

1. Entity Name

DAYAMO TIRES LLC

Principal Place of Business	Mailing Address
20533 BISCAYNE BOULEVARD AVENTURA FL 33180	PMB 575 20533 BISCAYNE BOULEVARD AVENTURA FL 33180

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-4202096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.
2101 CORPORATE BLVD., SUITE 107
BOCA RATON FL 33431

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Managing Member NAME Nany Segal STREET ADDRESS 2999 NE 191 st Suite 240 CITY-ST-ZIP Aventura 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: NSegal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
300119O3

Leon Egozi & Assoc., P.A.

Certified Public Accountants

2999 Northeast 191st Street, Suite 240
Aventura, Florida 33180

Phone: (305) 937-2664
Fax: (305) 937-5019
legozi@egozicpa.com

July 16, 2007

Florida Dept. of State
Division of Corporations
Corporation Records
P.O. Box 6478
Tallahassee, FL 32314

Re: Dayamo Tires, LLC, Reference #L06000009077

We received notice that you were missing the correct title on the annual report for Dayamo Tires, LLC. We have corrected the report and have enclosed a copy for your records. We are also requesting a refund of $100 for overpayment of the annual report.

Sincerely,

Leon Egozi, C.P.A.

LE/sbe

enc