

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029923

Entity Name: DA-LAR LLC

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

411 LONE PALM DR.
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

411 LONE PALM DR.
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 01-0868180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRELL, EDUARDO F
187 LAKE MORTON DR.
LAKELAND, FL 33801 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: WILLIS, LARRELL I
Address: 411 LONE PALM DR.
City-St-Zip: LAKELAND, FL 33815

Title: MGRM () Delete
Name: WILLIS, DALE
Address: 411 LONE PALM DR.
City-St-Zip: LAKELAND, FL 33815

Title: MGRM () Delete
Name: KOSSAK, AMBER
Address: 411 LONE PALM DR.
City-St-Zip: LAKELAND, FL 33815

Title: MGRM () Delete
Name: WILLIS, SHANE I
Address: 411 LONE PALM DR.
City-St-Zip: LAKELAND, FL 33815

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES R. CATO

MGR

02/24/2009

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