

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90067 018 ***138.75

DOCUMENT # L06000036181

1. Entity Name
DIRT LLC



Principal Place of Business

34 FLOWERWOOD DR
CHATTAHOOCHEE, FL 32324-1112 US

Mailing Address

34 FLOWERWOOD DR
CHATTAHOOCHEE, FL 32324-1112 US

60003459



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4647341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANOCHA, ASHOK DR
34 FLOWERWOOD DR
CHATTAHOOCHEE, FL 32324-1112

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MANOCHA, ASHOK DR
34 FLOWERWOOD DR
CHATTAHOOCHEE, FL 323241112

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JETTON, DEWEY J SR
102 N ADAMS ST
QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCSOLEY, JIM DR
2412 OXFORD RD
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~MGRM~~
~~SWIGES, TERRELL~~
~~2412 OXFORD RD~~
~~TALLAHASSEE, FL 32304~~

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: *X*

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

Date

1/21/08

Daytime Phone #