


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90045 036 ****50.00
01-29-2007 90139 023 ****50.00

DOCUMENT # L06000039980					
1. Entity Name D & A FISHWORKS, LLC					
Principal Place of Business 636 SW 13TH STREET OCALA, FL 34474			Mailing Address 636 SW 13TH STREET OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box # 4650 S.E. 169th Ave.		3. Mailing Address P.O. Box 793			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocklawaha, Florida		City & State Cedar Key, Florida		4. F	
Zip 32179		Country MARION		Zip 32625	
Country LEVY		Applied For Not Applicable			
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent					
ARTMAN, ALAN 636 SW 13TH STREET OCALA, FL 34474					
7. Name and Address of New Registered Agent					
Name: DALE R. SHEFFIELD					
Street Address (P.O. Box Number is Not Acceptable)					
4650 S.E. 169th Ave.					
City: OCKLAWAHA FL Zip Code: 32179					
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: Dale R. Sheffield DALE R. SHEFFIELD 09-03-07					
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 September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER, MGR. DALE R. SHEFFIELD FL 4650 S.E. 169th Ave. OCKLAWAHA		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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: Dale R. Sheffield 09-03-07 352-843-1357					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					