2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State
05-09-2008 90063 024 ***138.75

DOCUMENT # L06000041199

1. Entity Name
DACOMA VENTURES LLC

Principal Place of Business	Mailing Address
526 SE 897TH ST. OLD TOWN, FL 32680 US	P.O.BOX 985 OLD TOWN, FL 32680 US

30009139

04182008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1276681
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLS, LOIS D
526 SE 897TH ST.
OLD TOWN, FL 32680

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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 _____ 4-23-08
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	MGRM
NAME	HERRING, DALE
STREET ADDRESS	526 SE 897TH ST.
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	MGRM
NAME	HERRING, MATT D
STREET ADDRESS	526 SE 897TH ST.
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	MGRM
NAME	HERRING, COLBY
STREET ADDRESS	526 SE 897TH ST.
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 6-2008
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #