

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000041199

FILED
Jun 25, 2009
Secretary of State**Entity Name:** DACOMA VENTURES LLC**Current Principal Place of Business:**526 SE 897TH ST.
OLD TOWN, FL 32680 US**New Principal Place of Business:****Current Mailing Address:**P.O.BOX 985
OLD TOWN, FL 32680 US**New Mailing Address:****FEI Number:** 65-1276681**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MILLS, LOIS D
526 SE 897TH ST.
OLD TOWN, FL 32680 US**Name and Address of New Registered Agent:**HERRING, BRENDA
526 SE 897TH ST.
OLD TOWN, FL 32680 US

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: BRENDA HERRING

06/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: HERRING, DALE
Address: 526 SE 897TH ST.
City-St-Zip: OLD TOWN, FL 32680 USTitle: MGRM () Delete
Name: HERRING, MATT D
Address: 526 SE 897TH ST.
City-St-Zip: OLD TOWN, FL 32680 USTitle: MGRM (X) Delete
Name: HERRING, COLBY
Address: 526 SE 897TH ST.
City-St-Zip: OLD TOWN, FL 32680 US**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: HERRING, COLBY
Address: 526 SE 897TH STREET
City-St-Zip: OLD TOWN, FL 32680 USTitle: () 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: COLBY HERRING

MGRB

06/25/2009

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