



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90127 003 \*\*\*138.75

|   |   |  |  |  |   |  |
|---|---|--|--|--|---|--|
| <b>DOCUMENT # L06000047508</b>  |   |  |  |   |   |  |
| <b>1. Entity Name</b><br>DADS, LLC  |   |  |  |  |   |  |
| <b>Principal Place of Business</b><br>280 SOUTH MCCALL ROAD<br>ENGLEWOOD, FL 34223  |   |  | <b>Mailing Address</b><br>280 SOUTH MCCALL ROAD<br>ENGLEWOOD, FL 34223 US  |  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>7491 Sawyer Circle   |   | <b>3. Mailing Address</b><br>7491 Sawyer Circle                    |  |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  | 04092008    Chg-LLC    CR2E083 (12/06)   |   |  |
| <b>City &amp; State</b><br>Pt. Charlotte FL.  |   | <b>City &amp; State</b><br>Pt. Charlotte - FL.                     |  | <b>4. FEI Number</b><br>65-1035237   |   |  |
| <b>Zip</b><br>33981   |   | <b>Country</b><br>USA  |  | <b>Applied For</b><br><input checked="" type="checkbox"/> Not Applicable           |   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   | <b>\$5.00 Additional Fee Required</b>                              |  |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RHODEN, MICHAEL<br>280 SOUTH MCCALL ROAD<br>ENGLEWOOD, FL 34223   |   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |  |   |  |
| <b>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.</b>  |   |  |  |  |   |  |
| <b>SIGNATURE</b> _____ <span style="float: right;">4-9-08</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGRM<br>RHODEN, MICHAEL<br>280 SOUTH MCCALL ROAD<br>ENGLEWOOD, FL 34223 |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| <b>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.</b> |   |  |  |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  |  | 4-9-08    941-697-7029<br><small>Date Daytime Phone #</small>                      |   |  |