

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000055181

1. Entity Name  
DIRT ROAD PLACES LLC



Principal Place of Business  
6501 SEABOARD AVE  
JACKSONVILLE, FL 32244

Mailing Address  
6501 SEABOARD AVE  
JACKSONVILLE, FL 32244



02262008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4980107

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FARO, WANDA SUE  
6501 SEABOARD AVE  
JACKSONVILLE, FL 32244

**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**

U00000846770  
03/18/08-80040-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FARO, WANDA SUE
STREET ADDRESS	6501 SEABOARD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	MGRM
NAME	FARO, JOHN J JR
STREET ADDRESS	6501 SEABOARD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
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: *Wanda Sue Faro* *Wanda Sue Faro*

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

*2-28-08*

Date

*571-1731*  
*904-779-7536*

Daytime Phone #