

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR 13 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000068859

1. Entity Name
DAGO INVESTMENTS LLC



Principal Place of Business Mailing Address
~~4001 AVE Q~~ 5456 NW Corner Street
FT PIERCE, FL 34947 Port St Lucie
34986 FL 34986

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5193231 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BIRAN C HERNDON, PA
795 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

7. Name and Address of New Registered Agent
Name Biran C. Herndon PA
Street Address (P.O. Box Number is Not Acceptable)
8418 S US Highway 1
City Port St Lucie FL 34982

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 B (NOTE: Registered Agent signature required when reinstating)

DATE 1/9/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GOODIN, ALBERT 5456 NW Corner st.
STREET ADDRESS 4001 AVE Q
CITY-ST-ZIP FT PIERCE, FL 34947 Port St Lucie, FL 34986

5456 NW Corner ☐ Delete
Port St Lucie, FL 34986
FL 34947

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100037298056
04/18/07--01013--015 **50.00

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Albert H. Goodin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-5-07 792-577-1210
Date Daytime Phone #

Damaged
by
Post
Office