

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90110 004 ***138.75

DOCUMENT # L06000081408

1. Entity Name
DF GROUP, LLC



Principal Place of Business
17342 ALICO CENTER ROAD
ESTERO, FL 33928

Mailing Address
C/O ROBERT D ROYSTON JR
P.O. DRAWER 60205
FORT MYERS, FL 33906

2. Principal Place of Business - No P.O. Box #
17342 Alico Center Rd
Suite, Apt. #, etc.

3. Mailing Address
17342 Alico Center Rd.
Suite, Apt. #, etc.



04102008 Chg-LLC CR2E083 (12/06)

City & State
Fort Myers FL

City & State
Fort Myers FL

4. FEI Number
20-5399995

Applied For
Not Applicable

Zip
33967

Country
US

Zip
33967

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD STE 101
FORT MYERS, FL 33907

Name
Michael Mariotti / D.F. Group LLC

Street Address (P.O. Box Number is Not Acceptable)
17342 Alico Center Rd.

City
Fort Myers FL Zip Code
33967

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 *Michael Mariotti Pres.* (NOTE: Registered Agent signature required when reinstating)

4/10/08
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TAG CAPITAL INVESTMENTS, LLC
14032 SEDONA DRIVE
CARMEL, IN 46032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Tag Capital Investments, LLC
C/O 17342 Alico Center Rd
Fort Myers FL 33967 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Michael Mariotti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #