

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103779

Entity Name: DAVE V. JOHN, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

4000 NORTH STATE RD 7
SUITE 402
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

4463 NORTH STATE RD 7
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4000 NORTH STATE RD 7
SUITE 402
LAUDERDALE LAKES, FL 33319

New Mailing Address:

4463 NORTH STATE RD 7
LAUDERDALE LAKES, FL 33319

FEI Number: 20-5824233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN, DAVE V
4000 NORTH STATE RD 7
SUITE 402
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

JOHN, DAVE V
4463 NORTH STATE RD 7
LAUDERDALE LAKES, FL 33319 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: DJ

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHN, DAVE V
Address: 4000 NORTH STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: S (X) Delete
Name: DIANE, JOHN
Address: 4000 NORTH SAME RD 7 SUITE 402
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHN, DAVE V
Address: 4463 NORTH STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: MM

DJ

04/16/2009

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