

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90092 016 ****50.00

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1. Entity Name
THE DANA GROUP, LLC

Principal Place of Business
**1024 EARLY AVENUE
WINTER PARK, FL 32789**

Mailing Address
**1024 EARLY AVENUE
WINTER PARK, FL 32789**

2. Principal Place of Business - No P.O. Box #
5731 SW 117TH LANE RD

3. Mailing Address
5731 SW 117TH LANE RD



06062007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
26-0303268

Applied For
☐ Not Applicable

City & State
OCALA, FL

City & State
OCALA, FL

Zip
34476

Country

Zip
34476

Country

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

JOHANNESSEN, CHAD E
1024 EARLY AVENUE
WINTER PARK, FL 32789
5731 SW 117TH LANE RD
OCALA, FL 34476

Name

Street Address (P.O. Box Number is Not Acceptable)

5731 SW 117TH LANE RD

City **OCALA**

FL

Zip Code
34476

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)

6/18/07
DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHANNESSEN, DANA L	
STREET ADDRESS	57453 SEMINOLE DRIVE	
CITY - ST - ZIP	LA QUINTA, CA 92253	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHANNESSEN, LARRY D	
STREET ADDRESS	57453 SEMINOLE DRIVE	
CITY - ST - ZIP	LA QUINTA, CA 92253	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Dana L. Johansen

June 25, 2007

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

Date

Daytime Phone #