2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90098 046 ***138.75

DOCUMENT # L06000121927

Entity Name:
DIMARCO MANAGEMENT LLC

Principal Place of Business: 3000 LOST BALL DR, SEBRING FL 33872

Mailing Address: 3000 LOST BALL DR, SEBRING FL 33872

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 20-8080299 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A
2799 NW BOCA RATON BLVD.
SUITE 203
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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: ____________________ DATE: ______

FILE NOW!!! FEE IS $138.75
After May 1, 2008. Fee Will Be $539.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: WOHL, THOMAS M STREET ADDRESS: 3000 LOST BALL DR CITY-ST-ZIP: SEBRING FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] JAN 25 2008 863-385-3739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — Daytime Phone #