

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010767

FILED
Jan 07, 2008
Secretary of State

Entity Name: D.A.S.H. PROPERTIES, LLC

Current Principal Place of Business:

819 SUMMER GLEN DRIVE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

819 SUMMER GLEN DRIVE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-8351714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, AUBREY
819 SUMMER GLEN DRIVE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

HILL, SHAWN
819 SUMMER GLEN DRIVE
WINTER HAVEN, FL 33880 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: SHAWN HILL 01/07/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HILL, AUBREY
Address: 819 SUMMER GLEN DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM () Delete
Name: HILL, AUDIE ROSE
Address: 819 SUMMER GLEN DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR () Delete
Name: HILL, SHAWN C
Address: 1132 EAST 229 STREET
City-St-Zip: BRONX, NY 10466

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHAWN HILL MGR 01/07/2008

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