

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90067 037 \*\*\*138.75

<b>DOCUMENT # L07000039297</b> 1. Entity Name DAGLAD, LLC					
Principal Place of Business 2607 SHORELINE AVENUE PANAMA CITY, FL 32405			Mailing Address 2607 SHORELINE AVENUE PANAMA CITY, FL 32405		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-8897780</div>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  PENNY, ELIZABETH V 3634 MOODY TRAIL TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSTRONG, GERALD L SR. 1203 BAYOU COURT PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARMSTRONG, DOROTHY A 1203 BAYOU COURT PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
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: <u>Gerald L. Armstrong, Sr.</u> <span style="float: right;">4/24/08 850-763-6769</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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