

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90125 043 \*\*\*138.75

**DOCUMENT # L07000041009**

1. Entity Name  
**DM INVESTIGATIVE SERVICES, LLC.**



Principal Place of Business  
**3183 FIELD CREST DRIVE  
MIDDLEBURG, FL 32068 US**

Mailing Address  
**PO BOX 9587  
FLEMING ISLAND, FL 32006**

**60021408**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5416107**

Applied For  
Not Applicable

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

**MCCLANAHAN, DAVID  
3183 FIELD CREST DRIVE  
MIDDLEBURG, FL 32068**

Name

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

City

**FL**

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 *David L. McClanahan* **DAVID L. MCCLANAHAN**

**APR 6, 2008**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
MCCLANAHAN, DAVID  
3183 FIELD CREST DRIVE  
MIDDLEBURG, FL 32068**

☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

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: *David L. McClanahan* **DAVID L. MCCLANAHAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**APR 6, 2008 (904) 537-7888**