

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

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L07000041481

1. Entity Name

DALE 6105, LLC



Principal Place of Business

34110 CLAY GULLY RD  
MYAKKA CITY FL 34251

Mailing Address

34110 CLAY GULLY RD  
MYAKKA CITY FL 34251

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

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, DALE W SR.  
34110 CLAY GULLY RD  
MYAKKA CITY FL 34251

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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent's 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 MGRM ☐ Delete  
NAME ALLEN, DALE W SR.  
STREET ADDRESS 34110 CLAY GULLY RD  
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000844618  
CITY-ST-ZIP 03/13/08-80006-009 138.75

TITLE MGRM ☐ Delete  
NAME ALLEN, LUCY  
STREET ADDRESS 34110 CLAY GULLY RD  
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02-27-08 941-322-1773