

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041792

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: DAB'S OFFICE SOLUTIONS, LLC

**Current Principal Place of Business:**

815 LINDEN AVE.  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

815 LINDEN AVE.  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MERRIFIELD, BRANDY  
1518 CAR MAR RD  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAGGETT, DENISE  
Address: 815 LINDEN AVE.  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR ( ) Delete  
Name: BAGGETT, DOUGLAS  
Address: 815 LINDEN AVE.  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES:**

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: DENISE BAGGETT

MGRM

04/22/2008

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