

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90167 003 \*\*\*138.75

**DOCUMENT # L07000063682**

1. Entity Name  
**DATIL DADDY'S BEEF JERKY, LLC**



Principal Place of Business <b>1835 US 1 NORTH SUITE #119 PMB 354 ST. AUGUSTINE, FL 32084</b>	Mailing Address <b>1835 US 1 NORTH SUITE #119 PMB 354 ST. AUGUSTINE, FL 32084</b>
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**50004132**



2. Principal Place of Business - No P.O. Box # <b>804 B Anastasia Blvd.</b>	3. Mailing Address <b>804 B Anastasia Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01172008 Chg-LLC CR2E083 (12/06)

City & State <b>St. Augustine Fl.</b>	City & State <b>St. Augustine, Fl.</b>
Zip <b>32080</b>	Zip <b>32080</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>26-0535209</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAYFIELD, DAVID E  
15014 BULOW CREEK DR  
JACKSONVILLE, FL 32258**

7. Name and Address of New Registered Agent

Name  
**Brian MacInnis**

Street Address (P.O. Box Number is Not Acceptable)  
**1428 Corunna St.**

~~St. Augustine 8M~~

City **St. Augustine** FL Zip Code **32080**

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 **Brian MacInnis**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/16/08**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MAYFIELD, DAVID E 15014 BULOW CREEK DR JACKSONVILLE, FL 32258</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MACINNIS, BRIAN 1835 US 1 NORTH SUITE #119 ST. AUGUSTINE, FL 32084</b>	<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

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**Brian MacInnis**

**4/16/08**

**904 814 8695**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #