
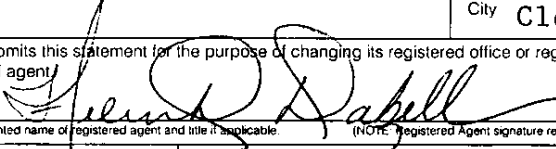
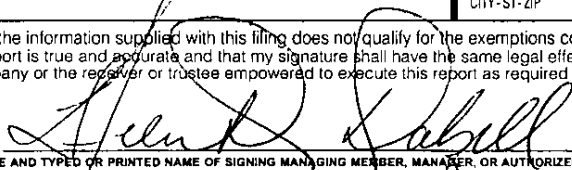


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90021 037 ***138.75

| | | | | | |
|---|---------------------------------|--|---|---|--|
| DOCUMENT # L07000079789 | | | |  | |
| 1. Entity Name DALZELL, LLC | | | | | |
| Principal Place of Business 1983 BELLEAIR ROAD CLEARWATER, FL 33764 | | | Mailing Address 1983 BELLEAIR ROAD CLEARWATER, FL 33764 | | |
| 2. Principal Place of Business - No P.O. Box # 13191 Starkey Road | | 3. Mailing Address 13191 Starkey Road | | | |
| Suite, Apt. #, etc. Suite 7 | | Suite, Apt. #, etc. Suite 7 | | | |
| City & State Largo, Florida | | City & State Largo, Florida | | 4. FEI Number 26-0667597 | |
| Zip 33773 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DALZELL, HELEN D 1983 BELLEAIR ROAD CLEARWATER, FL 33764 | | | 7. Name and Address of New Registered Agent Name Helen D. Dalzell Street Address (P.O. Box Number is Not Acceptable) 13191 Starkey Road, Suite 7 City Clearwater FL Zip Code 33773 | | |
| 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  DATE 7.13.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Manager/Member Helen D. Dalzell 13191 Starkey Road, Suite 7 Largo, Florida 33773 | | |
| 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:  | | | Date 7.13.08 Daytime Phone # 727 443.4430 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |