


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90015 013 ***143.75

DOCUMENT # L07000089331		
1. Entity Name DALE N., LLC		

Principal Place of Business 2916 FUNSTON STREET BLDG A UNIT 49 HOLLYWOOD, FL 33020 US	Mailing Address 2916 FUNSTON STREET BLDG A UNIT 49 HOLLYWOOD, FL 33020 US
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2. Principal Place of Business - No P.O. Box # 2916 FUNSTON ST	3. Mailing Address 2916 FUNSTON ST
Suite, Apt. #, etc. Bldg A unit 49	Suite, Apt. #, etc. Bldg A unit 49
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33020	Country USA



07222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0818665	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORNELIUS, DALE N 2916 FUNSTON STREET BLDG A UNIT 40 HOLLYWOOD, FL 33020	
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7. Name and Address of New Registered Agent	
Name NO	
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 DALE N CORNELIUS <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 7/22/08

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORNELIUS, DALE N 2916 FUNSTON STREET, BLDG A UNIT 40 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.	
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SIGNATURE: DALE N CORNELIUS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 7/22/08	Daytime Phone # 954-815-4194
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