

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092338

FILED
May 05, 2008
Secretary of State

Entity Name: DAS MARKETING CONCEPTS, LLC

Current Principal Place of Business:

4312 BAYSIDE VILLAGE DRIVE, UNIT 230
TAMPA, FL 33615 US

New Principal Place of Business:

9418 W PARK VILLAGE DR. UNIT 101
TAMPA, FL 33626 US

Current Mailing Address:

4312 BAYSIDE VILLAGE DRIVE, UNIT 230
TAMPA, FL 33615 US

New Mailing Address:

9418 W PARK VILLAGE DR. UNIT 101
TAMPA, FL 33626 US

FEI Number: 26-0868402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SILVER, DAVID A
4312 BAYSIDE VILLAGE DRIVE, UNIT 230
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

SILVER, DAVID A
9418 W PARK VILLAGE DR. UNIT 101
TAMPA, FL 33626 US

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:

05/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SILVER, DAVID A
Address: 4312 BAYSIDE VILLAGE DRIVE, UNIT 230
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SILVER, DAVID A
Address: 9418 W PARK VILLAGE DR. UNIT 101
City-St-Zip: TAMPA, FL 33626 US

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: DAVID SILVER

PRES

05/05/2008

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