

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094851

Entity Name: DR MIKE DATA LLC

FILED
Jul 22, 2008
Secretary of State

Current Principal Place of Business:

5285 ATLANTIC VIEW
SAINT AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

5285 ATLANTIC VIEW
SAINT AUGUSTINE, FL 32080 US

New Mailing Address:

13618 N 99TH AVE
SUN CITY, AZ 85351 US

FEI Number: 26-1679278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: DAGHER, MICHEL
Address: 5285 ATLANTIC VIEW
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: MGRM () Delete
Name: DAGHER, KAREN J
Address: 5285 ATLANTIC VIEW
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAGHER, MICHEL
Address: 13618 N 99TH AVE
City-St-Zip: SUN CITY, AZ 85351 US

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: MICHEL DAGHER

MGRM

07/22/2008

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