

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078148

Entity Name: DAC TECHNOLOGY, LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6302 MASTERS BLVD.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

6302 MASTERS BLVD.  
ORLANDO, FL 32819

**New Mailing Address:**

390 NORTH ORANGE AVENUE  
SUITE 1750  
ORLANDO, FL 32801

FEI Number: 27-1602299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STUART, JACOB V JR.  
6302 MASTERS BLVD.  
ORLANDO, FL 32819 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: MGR  
Name: STUART, JACOB V JR.  
Address: 6302 MASTERS BLVD,  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM  
Name: O'SHAUGHNESSY, JOANNA K  
Address: 1602 ALABAMA DR., #304  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM  
Name: MAUWS, LINDA H  
Address: 1830 PINE OAK TRAIL  
City-St-Zip: SANFORD, FL 32773 US

I hereby 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: JACOB STUART

MR.

01/06/2010

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