

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000000790**

1. Entity Name  
D.A.G.H., L.C.



Principal Place of Business  
12500 HUNTERS RIDGE DRIVE  
BONITA SPRINGS, FL 34135

Mailing Address  
12500 HUNTERS RIDGE DRIVE  
BONITA SPRINGS, FL 34135



05182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0681173

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HUPRICH, DONALD G  
12500 HUNTERS RIDGE DRIVE  
BONITA SPRINGS, FL 34135

**DO NOT WRITE  
IN THIS SPACE**

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 Donald G. Huprich

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
FOWLER, GAYNELL  
12500 HUNTERS RIDGE DRIVE  
BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
HUPRICH, DONALD G  
12500 HUNTERS RIDGE DRIVE  
BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
STREET, H A  
12500 HUNTERS RIDGE DRIVE  
BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Donald G. Huprich, Donald G. Huprich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/17/05

Date

239-992-4900

Daytime Phone #