

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-11-2008 90175 010 ***138.75
L96000000790

FILED

08 MAY 12 AM 11:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA



03202008 No Chg-LLC CR2E083 (12/07)

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
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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 _____ (Signature, typed or printed name of registered agent and title if applicable)	DATE _____ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOWLER, GAYNELL 12500 HUNTERS RIDGE DRIVE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUPRICH, DONALD G 12500 HUNTERS RIDGE DRIVE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STREET, H A 12500 HUNTERS RIDGE DRIVE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pamela Fowler 12500 Hunters Ridge Drive Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Street, James H. 12500 Hunters Ridge Drive Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Williams, Dawneda 12500 Hunters Ridge Drive Bonita Springs, FL 34135

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: <u>Donald G. Huprich</u> <u>Donald G. Huprich</u>	Date <u>3/27/08</u>	Daytime Phone # <u>239-992-4242</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		