

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005959

1. Entity Name

DAGGER INTERNATIONAL HOLDINGS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:49

B0012984



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1416 WEST TENNESSEE STREET
TALLAHASSEE FL 32304

Mailing Address

1416 WEST TENNESSEE STREET
TALLAHASSEE FL 32304-3403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALL., FL

TALL., FL

Zip

Country

Zip

Country

32304

US

32304

US

4. FEI Number

59-3608870

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERONIMO, ANTHONY F
1416 WEST TENNESSEE STREET
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DAG, M. SIMON
2023 GARDENBROOK LANE
TALLAHASSEE FL 32301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
mf 3/1/00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GERONIMO, ANTHONY F
811 HIGH ROAD
TALLAHASSEE FL 32304

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
9000003156189--8
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/13/99 850-681-6460

CR2E083 (9/99)