

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005959

1. Entity Name

DAGGER INTERNATIONAL HOLDINGS, LLC

Principal Place of Business

**1416 WEST TENNESSEE STREET
SUITE A
TALLAHASSEE FL 32304**

Mailing Address

**1416 WEST TENNESSEE STREET
SUITE A
TALLAHASSEE FL 32304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

TITLE **MGRM** ☒ Change ☐ Addition
NAME **DAG, M. SIMON**
STREET ADDRESS **2004 MONTICELLO DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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

TITLE ☐ Change ☐ Addition
NAME **400003554314-5**
STREET ADDRESS **-01/18/01--01093--001**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
01 JAN 11 AM 9:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)