

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007250 1. Entity Name DAHI, L.L.C.					
Principal Place of Business 2008 S. HWY 77 LYNN HAVEN FL 32444			Mailing Address P.O. BOX 548 LYNN HAVEN FL 32444		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3197186 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STOPKA, ALBERT J III 108 MOSLEY DRIVE LYNN HAVEN FL 32444				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, AJAY P.O. BOX 548 LYNN HAVEN FL 32444	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL, KIRIT P.O. BOX 548 LYNN HAVEN FL 32444	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, UPENDRA R P.O. BOX 548 LYNN HAVEN FL 32444	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, GIRISH D 2954 CRATER LANE SAN JOSE CA 95132	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.					

SIGNATURE:

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

Date

Daytime Phone #

2/22/04 (850) 265-6335