

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90202 008 \*\*\*\*50.00

**DOCUMENT # L99000009159**

1. Entity Name  
DAJ'S TEXAS, L.L.C.



Principal Place of Business  
3225 S MACDILL AVE STE 129-258  
TAMPA, FL 33629

Mailing Address  
3225 S MACDILL AVE STE 129-258  
TAMPA, FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number

59-3619693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEUKAMM, JOHN B  
% MEEHAN/NUCCIO PA  
101 E. KENNEDY BLVD., SUITE 3140  
TAMPA, FL 33602-5151

7. Name and Address of New Registered Agent

Name

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

305 South Boulevard

City Tampa

FL

Zip Code 33606

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/06

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME JOHNSON, DEBRA A  
STREET ADDRESS 3225 S MACDILL AVE STE 129-258  
CITY-ST-ZIP TAMPA, FL 33629

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

TITLE MGR ☐ Delete  
NAME JOHNSON, DAVID A  
STREET ADDRESS 3225 S MACDILL AVE STE 129-258  
CITY-ST-ZIP TAMPA, FL 33629

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:**

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

Date

Daytime Phone #

2/24/06 (813) 837-  
9791