

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000117752

Entity Name: D.A.R.A.I.S. LLC

Current Principal Place of Business:

6743 WALDEN CIRCLE
TALLAHASSEE, FL 32717

Current Mailing Address:

6743 WALDEN CIRCLE
TALLAHASSEE, FL 32717

FEI Number: 27-4238187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAWS, SONYA K
215 SOUTH MONROE STREET
SUITE 600
TALLAHASSEE, FL 32301 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name OSTENDORP, KAREN
Address 6743 WALDEN CIRCLE
City-State-Zip: TALLAHASSEE FL 32717

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN OSTENDORP

MANAGER

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date