

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000186316

**Entity Name:** DAME'S VENTURES, LLC

**Current Principal Place of Business:**

6606 BOB HEAD RD.  
PLANT CITY, FL 33565

**Current Mailing Address:**

6606 BOB HEAD RD.  
PLANT CITY, FL 33565 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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	MANAGER	Title	AUTHORIZED MEMBER
Name	DAME, CLINT T	Name	DAME, CLINT T
Address	6606 BOB HEAD RD.	Address	6606 BOB HEAD RD.
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	PLANT CITY FL 33565

Title AUTHORIZED MEMBER  
 Name DAME, REBECCA L  
 Address 6606 BOB HEAD RD.  
 City-State-Zip: PLANT CITY FL 33565

*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:** CLINT DAME

**MANAGER**

**01/19/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date