

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120780

Entity Name: DANC HOLDINGS LLC

FILED  
Jun 19, 2009  
Secretary of State

**Current Principal Place of Business:**

2519 MCMULLEN BOOTH RD  
SUITE 510-357  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2519 MCMULLEN BOOTH RD  
SUITE 510-357  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 26-1511825      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PATEL, DHIMANT  
1033 WYNDHAM WAY  
SAFETY HARBOR, FL 34695 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PATEL, DHIMANT  
Address: 1033 WYNDHAM WAY  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR ( ) Delete  
Name: RODRIGUES, ANITA  
Address: 2974 CYPRESS LAKES CT  
City-St-Zip: TARPON SPRINGS, FL 34688 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DHIMANT PATEL

MGR

06/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date