

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90287 027 \*\*\*\*50.00

**DOCUMENT # L01000021058**

1. Entity Name

DANIA, LLC



Principal Place of Business

PO BOX 480145  
FORT LAUDERDALE FL 33348

Mailing Address

PO BOX 480145  
FORT LAUDERDALE FL 33348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E083 (11/03)

4. FEI Number

30-0050402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHORE, SHELDON  
3300 NE 40TH ST.  
FT-LAUDERDALE-FL-33308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 MGR ☐ Delete  
NAME SHORE, SHELDON  
STREET ADDRESS 3300 NE 40TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: SHELDON SHORE

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

4/21/04 - 954-242-0007  
Date Daytime Phone #

Attachment

24077415  
LD1000021058

Shore Management Corp.

Florida Dept of State

May 27/04.

On April 21 I sent a check for  
\$150.00 #1992 for 3 Corporations

SHORE MGMT - 50.00  
HOLLY LLC - 50.00  
DANIA LLC - 50.00  
150.00.

This was a mistake as it should have been  
3-50.00 Check instead of one for \$150.00  
You sent me back 2 letters. Inclosed find  
2 Checks for \$50.00 each for DANIA LLC &  
HOLLY LLC

Please send me back check for \$100.00  
for overpayment on Shore Management.

Sheldon Shore  
954-242-0007.