

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

2008 MAY 14 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

Da-Dan, LLC W08-9751

3. Mailing Office Address

1516 East Smith Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deltona, FL

Zip

Country

Zip

Country

32725

USA

8. Name and Address of Current Registered Agent

Name

Arthur Graham

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

444 Seabreeze Blvd

Suite, Apt. #, Etc.

Suite 1001

City

Dartona Beach

State


FL

Zip Code

32118

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

1 

REGISTERED AGENT MUST SIGN

REGISTERED AGENT MUST SIGN

Date _____

2/4/08

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PFP, LLC	1516 Fort Smith Blvd	Deltona, FL 32725
			100117968681 02/13/08--01031--003 **205.00
.			
.		<div data-bbox="550 1690 1105 1755" data-label="Text"> <p>NOTARIAL PUBLIC 04-08</p> </div>	
.			100117968681 05/23/08--01017--012 **350.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Application the reason for dissolution has been eliminated, the
 and liability company have been paid. The information indicates
 David Whelan

Date 2/4/08

Daytime Phone# **386-821-7138**

Typed or printed name of signing Managing Member/Manager

David Phelps