

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90039 034 ****55.00

DOCUMENT # L02000034280

1. Entity Name

DA-DAN LLC



Principal Place of Business

1500 BEVILE ROAD
SUITE 606 BOX 320
DAYTONA BEACH FL 32114

Mailing Address

1500 BEVILE ROAD
SUITE 606 BOX 320
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

46-0512283

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

CURRAN, LARRY R
103 PINE CREEK COURT
ORMOND BEACH FL 32174

Name

Ruth Phelps

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

1500 Beville Road Box 320

Suite 606

City

Daytona Beach

FL

Zip Code

32114

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

Ruth H. Phelps Ruth H. Phelps - Treasurer

9-19-03

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **GABRIEL'S VENTURES, LLC**
STREET ADDRESS **103 PINE CREEK COURT**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **PFP LLC**
STREET ADDRESS **1516 Fort Smith Blvd**
CITY-ST-ZIP **Daytona, FL 32226**

TITLE **MGRM** ☒ Delete
NAME **PHELPS, DAVE**
STREET ADDRESS **1500 BEVILE ROAD, SUITE 606 BOX 320**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **JL Nut LLC**
STREET ADDRESS **21 Ocean Breeze Circle**
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **MGRM** ☒ Delete
NAME **PHELPS, RUTH H**
STREET ADDRESS **1500 BEVILE ROAD, SUITE 606 BOX 320**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Widelink Products Inc**
STREET ADDRESS **8 Burnluy Place**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **MGRM** ☒ Delete
NAME **LITTLE, JIMMY W**
STREET ADDRESS **21 OCEAN BREEZE CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Gabriel's Ventures LLC**
STREET ADDRESS **103 Pine Creek Court**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **MGRM** ☒ Delete
NAME **CHEN, PENG**
STREET ADDRESS **8 BURNLUY PLACE**
CITY-ST-ZIP **PALM COAST FL 32137**

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

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:

Ruth H. Phelps Ruth H. Phelps

9-19-03

(386) 860-0329

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

Date

Daytime Phone #

CR2E083 (4/03)