

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000038727

1. Entity Name  
DANS LLC



Principal Place of Business

20547 OLD CUTLER RD  
SUITE 307  
MIAMI, FL 33189 US

Mailing Address

20547 OLD CUTLER RD  
SUITE 307  
MIAMI, FL 33189 US



01102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-4640817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DANIEL, NICHOLAS  
20547 OLD CUTLER ROAD  
SUITE 307  
MIAMI, FL 33189

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME BELFIORE, CARLA  
STREET ADDRESS 20547 OLD CUTLER RD, SUITE 307  
CITY-ST-ZIP MIAMI, FL 33189

TITLE MGRM  
NAME DANIEL, NICHOLAS  
STREET ADDRESS 20547 OLD CUTLER RD, SUITE 307  
CITY-ST-ZIP MIAMI, FL 33189

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

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

Date

Daytime Phone #