


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 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
--	--



04152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4640817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 of Registered Agent: 
Signature of type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**


U000000925650
05/20/08-80034-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELFIORE, CARLA 20547 OLD CUTLER RD, SUITE 307 MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL, NICHOLAS 20547 OLD CUTLER RD, SUITE 307 MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALGADO, MARITA MGR 20547 OLD CUTLER RD SUITE 307 MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/08 7869426213

Date

Daytime Phone #