

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000004321

Entity Name: DAJA LLC

FILED
Oct 23, 2008
Secretary of State

Current Principal Place of Business:

721 SW 4TH AVE
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

1931 CORDOVA RD
FORT LAUDERDALE, FL 33316

Current Mailing Address:

721 SW 4TH AVE
FORT LAUDERDALE, FL 33315

New Mailing Address:

1931 CORDOVA RD
FORT LAUDERDALE, FL 33316

FEI Number: 20-3664815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FILLER, DANIELLE B
721 SW 4TH AVE
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DANIELLE FILLER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FILLER, DANIELLE B
Address: 721 SW 4TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGR () Delete
Name: FILLER, ALISON B
Address: 434 NE 2ND AVE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FILLER, DANIELLE B
Address: 1931 CORDOVA RD
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIELLE FILLER

RA

10/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date