

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State

04-24-2006 90068 021 ****50.00
05-16-2006 90183 028 ****50.00

DOCUMENT # L05000030521

1. Entity Name

DADAN BUILDING LLC



Principal Place of Business

10177 NW 17 STREET
CORAL SPRINGS FL 33071

Mailing Address

10177 NW 17 STREET
CORAL SPRINGS FL 33071

20045753



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Same As Above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2506506

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

PACINI, RENATO
10177 NW 17 STREET
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Renato Pacini

(NOTE: Registered Agent signature required when reconstituting)

DATE

5/8/06

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PACINI, RENATO	
STREET ADDRESS	10177 NW 17 STREET	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Renato Pacini

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

4/5/06

386
478-1994

Daytime Phone