2/10/06

FILED Feb 20, 2006 8:00 am Secretary of State

1/2

A. Entity Nam DIDA, LLC	Š	# L0500004			01-24-20	9006	54 029 *	***150.00			
Principal Place of Business 105 S. NARCISSUS AVENUE				105 S. NARCISSUS AVENUE							
WEST PALM BEACH, FL 33401 US			200 West Palm Beach, Fl. 33401 US					MIN		wan	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address			麻腐飢補情			HI I III	
Suffie, Apt. #, etc.			Suite, Apt. #, etc.				Chg-LLC	CR2E08	3 (11/05)		
City & State			City & State	City & State			1681	7//_		pplied For ot Applicable	
Zip	Country		Zip	Countr	γ	5. Certificate	of Status Desired		5.00 Ad ee Require		
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered A	gent		
JACOBSON, WILLIAM P											
105 S. NARCISSUS AVENUE 200				Ļ		Street Address (P.O. Box Number is Not Acceptable)					
WEST PALM BEACH, FL 33401							·	FL	Zap Coo	le le	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ronda. Lam familiar with, and acce										and accept	
the obligations of registered agent. SIGNATURE:											
Signature, ispeed or private names of registered again and Dirt P applicable. #407 E. Registered Again signature regulated when remaining? DATE											
Filing Fee is \$50.00 Due by May 1, 2006).	Florida	e check po Departme		.	
9.		MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/		1 92		
TITLE MANE	MGRM JACOBS	ON, WILLIAM P	C) Debte	TITLE					Change	Addition	
STREET ADDRESS	STRET ADDRESS 105 SOUTH NARCISSUS AVENUE #200 CITY-ST-2# WEST PALM BEACH, FL 33401				7 ADDRESS						
nne	WESTPA	LM BEACH, FL 334	Delete	CITY-S	SI-DP				☐ Charge	☐ Addition	
NAME		NA NA		NAME	1						
STREET ADDRESS City-St-Zip	<u> </u>			CITY-S	T ADORESS ST-ZP					1	
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- STREET ADDRESS	-		• -	STREET	T ADDRESS				. =		
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unt			☐ Ordeze	DOLE					Cusube	Addition	
KAME STREET ADDRESS				WAME STREET	T ADORESS						
CTTY-ST-ZP		_		CITY-S							
11. I hereby certify that the information supplied with this liking does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is you and accurate and that my signature shall have the same legal effect as if made under certify. That I am a managing member or manager of the limited sability company or the receiver or inuspee empowered to execute this report as required by Chapter 808, Florida Statutes.											
SIGNATURE: WILLIA PLAZOSSON 1/10/06 161-837440											
SIGNATURE AND THE OF BUSINESS RAMAGES BESIDER, BANAGER, OR AUTHORISED REPRESENTATION Date Department of the Department o											





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

DIDA, LLC 105 S. NARCISSUS AVENUE 200 WEST PALM BEACH, FL 33401 US

Subject: DIDA, LLC

Reference Number:

L05000047364

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION