


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90054 020 ***138.75

DOCUMENT # L05000047496	
1. Entity Name DANVAL LLC	

Principal Place of Business 4008 SAPPHIRE COVE DRIVE WESTON, FL 33331 US	Mailing Address 4008 SAPPHIRE COVE DRIVE WESTON, FL 33331 US
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2. Principal Place of Business - No P.O. Box # 16475 Golf Club Rd. Suite, Apt. #, etc. 305 City & State Weston, FL Zip 33326 Country USA	3. Mailing Address 16475 Golf Club Rd. Suite, Apt. #, etc. 305 City & State Weston, FL Zip 33326 Country USA
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04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2840299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent OSPINA, JOSE A 4008 SAPPHIRE COVE DR WESTON, FL 33331	7. Name and Address of New Registered Agent Name OSPINA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 16475 Golf Club Rd. #305 City Weston FL Zip Code 33326
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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

Jose A. Ospina
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/22/08

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSPINA, JOSE A 4008 SAPPHIRE COVE DR WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16475 Golf club Rd #305 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELTRAN, ANA L 4008 SAPPHIRE COVE DRIVE WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16475 Golf Club Rd #305 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Jose A. Ospina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/22/08 (786) 512-3914
Date Daytime Phone #