

LD60000012271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

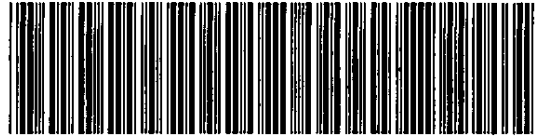
Special Instructions to Filing Officer:

L. SELLERS

MAY 14 2010

EXAMINER

Office Use Only



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03/15/10--01046--003 **55.00

FILED
10 MAY 12 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2010

NICHOLAS M. CANONICO
19 SEMINOLE DRIVE
COMMACK, NY 11725

SUBJECT: DANICO ASSOCIATES, LLC
Ref. Number: L06000012271

We have received your document for DANICO ASSOCIATES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 010A00006624

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Danico Associates, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas M. Canonico
Name of Person

Danico Associates, LLC.
Firm/Company

19 Seminole Drive
Address

Commack, New York 11725
City/State and Zip Code

ncbudumbum@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas M. Canonico at (516) 244-4069
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Danico Associates, LLC.

2. (a) Principal office address of limited liability company: _____



(Note: MUST BE STREET ADDRESS)

19 Seminole Drive
Commack, New York 11725

(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

19 Seminole Drive
Commack, New York 11725

February 6, 2006

L06000012271

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CT Corporation System

Registered Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Mr. Michael A. Zaccardo

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 7479 Park Springs Circle
Orlando, FL 32835

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Nicholas M. Canonico

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
10 MAY 12 6:17 PM
TALLAHASSEE
SECRETARY OF STATE