

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000041199

Entity Name: DACOMA VENTURES LLC

**FILED**  
**Nov 08, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

526 SE 897TH ST.  
OLD TOWN, FL 32680 US

## **New Principal Place of Business:**

900 TREASURE CAY DRIVE  
208  
FORT PIERCE, FL 34947 US

## **Current Mailing Address:**

P.O.BOX 985  
OLD TOWN, FL 32680 US

## **New Mailing Address:**

900 TREASURE CAY DRIVE  
FORT PIERCE, FL 34947 US

FEI Number: 65-1276681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

HERRING, BRENDA  
526 SE 897TH ST.  
OLD TOWN, FL 32680 US

## **Name and Address of New Registered Agent:**

HERRING, BRENDA  
15244 NW HWY 19  
CROSS CITY, FL 32628 US

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: BRENDA HERRING

11/08/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HERRING, COLBY  
Address: 900 TREASURE CAY DRIVE  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: MGRM  
Name: HERRING, MATT D  
Address: 900 TREASURE CAY DRIVE  
City-St-Zip: FORT PIERCE, FL 34947 US

I hereby 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: MATT HERRING

MGRM

11/08/2010

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