

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000078314

**FILED**  
**Oct 09, 2007**  
**Secretary of State**

**Entity Name:** DANCE ALL NIGHT DJ'S LLC

**Current Principal Place of Business:**

17410 NW 52 PLACE  
OPA-LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

17410 NW 52 PLACE  
OPA-LOCKA, FL 33055

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LENZ, ALFREDO  
17410 NW 52 PLACE  
OPA-LOCKA, FL 33055 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: ALFREDO LENZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LENZ, ALFREDO  
Address: 17410 NW 52 PLACE  
City-St-Zip: OPA-LOCKA, FL 33055

Title: MGR ( ) Delete  
Name: LENZ, MAYERLY  
Address: 17410 NW 52 PLACE  
City-St-Zip: OPA-LOCKA, FL 33055

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MAYERLY LENZ

MGR

10/09/2007

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