

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000083037

1. Entity Name
DANDI 3109, LLC



Principal Place of Business
**1830 S OCEAN DRIVE
UNIT 3109
HALLANDALE BEACH, FL 33009**

Mailing Address
**P.O. BOX 10449
POMPANO BEACH, FL 33061 US**

DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5490590

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENMERGUI, ISAAC
13899 BISCAYNE BLVD
148
NORTH MIAMI BEACH, FL 33181**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

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

000000859191
04/02/08-80013-011 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARCOVITZ, DANIEL
STREET ADDRESS	1830 S OCEAN BLVD, UNIT 3109
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

Daniel Marcovitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #