2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 07, 2008 8:00 am Secretary of State **DOCUMENT # L07000013258** 03-13-2008 90268 010 ***138.75 1. Entity Name DANIEL'S IMP.-EXP. LLC Principal Place of Business Mailing Address 800 S. HOLLYBROOK LK. DR. # 303 800 S. HOLLYBROOK LK. DR. 30003374 PEMBROKE PINES, FL 33025 #303 PEMBROKE PINES, FL 33025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDRONACHE, ION Street Address (P.O. Box Number is Not Acceptable) 800 S. HOLLYBROOK LK.DR #303 PEMBROKE PINES, FL 33025 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Spriature, typed or privide name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW!!! FEE IS \$138.75** Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition ANDRONACHE, ION NAME NAME 800 S. HOLLYBROOK LK.DR#303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-719 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting 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 any 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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