


2012 LIMITED LIABILITY COMPANY REINSTATEMENT

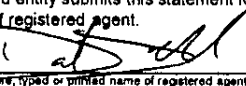
DOCUMENT # L10000012745		
1. Entity Name DANIEL DELL, LLC		

Principal Place of Business 42 ROYAL OAKS CT CRAWFORDVILLE, FL 32327 US	Mailing Address 42 ROYAL OAKS CT CRAWFORDVILLE, FL 32327 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

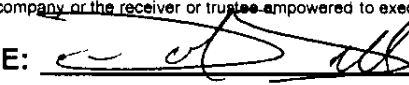
6. Name and Address of Current Registered Agent	
DELL, DANIEL 42 ROYAL OAKS CT CRAWFORDVILLE, FL 32327	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DELL, DANIEL 42 ROYAL OAKS CT CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.	
SIGNATURE: 	DATE: JAN 17 2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	E-MAIL ADDRESS: DDELL8269@gmail

FILED
12 JAN 18 PM 12:23
80016788/1788 STATE
TALLAHASSEE, FLORIDA
01/18/12 51010-10240A*377.50



01182012 REIN-LLC CR2E101 (12/11) 11-12

REINSTATEMENT

B. BOSTICK
JAN 17 2012
EXAMINER