

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 MAY 19 AM 9:22

STATE OF FLORIDA



05192014 REIN-LLC CR2E101 (12/11)

| | | | | | |
|---|---|---------|--|--|---|
| 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 | | |
| 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 | | Country | | 4. FEI Number | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 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 | |
| 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. | | | | FL Zip Code | |
| SIGNATURE <u>Daniel Dell</u> | | | | DATE <u>5-19-14</u> | |
| FILE NOW!!! FEE IS \$377.50 | | | | Make check payable to Florida Department of State | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | 400260355 P24 05/19/14--01004--002 **377.50 | | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | REINSTATEMENT | | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | 213-14 RLL | | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Daniel Dell</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date <u>5-19-14</u> | |
| E-MAIL ADDRESS <u>DDELL8264@gmail.com</u> | | | | E-MAIL ADDRESS | |