

L10000059152

(Requestor's Name)

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(Address)

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(Document Number)

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Special Instructions to Filing Officer:

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<input type="button" value="Sut"/>	
Detail by Entity Name	
Florida Limited Liability Company	
DANNICA LLC	
Filing Information	
Document Number	L10000059152
FE/EIN Number	NONE
Date Filed	06/01/2010
State	FL
Status	ACTIVE
Effective Date	06/01/2010
Principal Address	
2295 SOUTH HIAWASSEE ROAD 103 ORLANDO FL 32835	
Mailing Address	
2295 SOUTH HIAWASSEE ROAD 103 ORLANDO FL 32835	
Registered Agent Name & Address	
SHAKARIAN, CARL 2295 SOUTH HIAWASSEE ROAD 103 ORLANDO FL 32835 US	
Manager/Member Detail	
Name & Address	
Title MGR	
SHAKARIAN, CARL 2295 SOUTH HIAWASSEE ROAD, 103 ORLANDO FL 32835	
Annual Reports	
No Annual Reports Filed	

27-275 9849

THIS LLC DID NOT SUBMIT A FFD # IN SOS.

THIS IS NEEDED TO REGISTER IN OUR SYSTEM.

NEXT

PAYCHEX

Employer Identification Number Verification Form

Note: Form must be accompanied by a completed 8821.

The IRS Practitioner Priority Service hotline (866-860-4259) can be used to confirm a taxpayer's EIN verbally. Make every attempt to procure alternate sources of federal documentation. This includes having the client contact the IRS directly in order to receive a federal document.

For extreme cases where it is not possible to obtain any form of documentation, Taxpay® will accept new loads without federal documentation, as long as there is a documented conversation with the IRS. The documented conversation should include the name and badge ID number of the IRS representative that verified the client's EIN number, name, and address.

All fields are required.

Client's Employer Identification Number 27-2759849

Client's Legal Name Dannica LLC

DBA _____

Client's Legal Address 2295 S Hiawasse Rd Ste 103
Orlando FL 32835

IRS EE Name Mrs Shaffer

IRS EE Badge ID# 0196493

Jessica Brera
Sales Representative or Designee Name (Printed)

Orange Sidel
Sales Representative or Designee Signature

Verification Date 10/5/10

Verification Time 2:20 AM/PM (PM)

Type of Filer: (941) 943 / 944

Seasonal Employer: Y or (N)

Form 8821
(Rev. August 2008)
Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4606 or Form 4506-T.

OMB No. 1545-0045
For IRS Use Only

Received by:

Nome

Twentieth

Function

Data

Taxpayer name(s) and address (type or print)

Dannica LLC
2295 South Hiwassee Road
103
Orlando, FL 32835

Social security number(s)

Employer identification number

27 : 2759849

Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address

Paychex, Inc. EIN 16-1124166
911 Panorama Trail South
Rochester, NY 14625

CAF No.

Telephone No. 800 532-998

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the Instructions for line 3)	(d) Specific Tax Matters (see instr.)
Employment	941	2010	EIN Verified

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6. ☒ **Confirmation of EIN & Address**

6 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☐

b If you do not want any copies of notices or communications sent to your appointee, check this box ☐

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect and check this box.

To revoke this tax information authorization, see the instructions on page 4.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature _____

Date _____

Signature _____

Date _____

Carl Shakarian

Member
Title (if applicable)

Print Name: _____

Title (if applicable)

PIN number for electronic signature

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

Malave, Erin

From: Seidel, Marijke V [mseidel@paychex.com]
Sent: Tuesday, December 14, 2010 7:04 PM
To: CorpAddressChange
Subject: EIN update for Sunbiz.org

Attachments: Scan001.PDF



Scan001.PDF
(197 KB)

Good afternoon,

A current client of ours asked me to forward this IRS information to you.

Apparently the EIN# has never been updated on Sunbiz, so could you please use the supporting information to enter in their: FEI/EIN Number?

They just submitted their DR-1 online application today, and they did not want the missing FEI/EIN Number, to hold up getting a SUI Acct#.

If you have any questions, please feel free to call me or the client.

Client Contact: Bao Huynh Tel# 612-396-8602

Thank you for your time.

Marijke Seidel
Paychex Inc
Sales Assistant
Tel # 800-532-4980 ext. 22750
Fax # 877-884-0645

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