

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000069070

Entity Name: DANIELLE RIVERS LLC

**FILED**  
**Oct 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10 11TH AVE #201  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

10 11TH AVE #201  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVERS, DANIELLE  
10 11TH AVE #201  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DANIELLE RIVERS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RIVERS, DANIELLE M  
Address: P O BOX 57487  
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: MGRM  
Name: RIVERS, DANIELLE M  
Address: 10 11TH AVE NORTH #201  
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DANIELLE RIVERS

MGMR

10/27/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date