

L14000 141408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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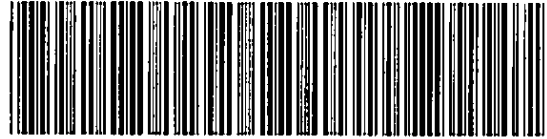
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DANSE IMPORTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRMA GARCIA

Name of Person

Firm/Company

16373 SW 97 ST.

Address

MIAMI, FL 33196

City/State and Zip Code

irmagarcia.realtor@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRMA GARCIA

at (786) 338-39.57

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314