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SUBJECT: 1235 DAN	VID DR, LLC	•	
,	Name of Lin	nited Liability Company	
The enclosed Articles o	, f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	John Dúnn		
	<del></del>	Name of Person	J
	1235 David Dr LLC		
		Firm/Company	
	3600 South Peninsula Driv	ve Apt 9	
	***************************************	Address	
,	Port Orange, FL 32124		
	**************************************	City/State and Zip Code	
•	onthebeach9a@hotmail.com	,	
	E-mail address: (	to be used for future unnual report notif	ication)
For further information	concerning this matter, please c	ali:	
John Dunn		973 865-4475	
Name	of Person	Area Code Daytime	Telephone Number
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S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

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