

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # M01000000975

1. Entity Name
DA COMMERCE CENTER LLC



Principal Place of Business

**1600 ST. GEORGES AVE.
P.O. BOX 1234
RAHWAY, NJ 07065**

Mailing Address

**1600 ST. GEORGES AVE.
P.O. BOX 1234
RAHWAY, NJ 07065**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
22-3799293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

8. 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DENHOLTZ, STEVEN J
STREET ADDRESS	1600 ST GEORGE AVE
CITY- ST - ZIP	RAHWAY, NJ 07065
TITLE	MGR
NAME	SEEWARD, ANDREW
STREET ADDRESS	46 BAYARD STREET
CITY- ST - ZIP	NEW BRUNSWICK, NJ 08857
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

U00000651355
03/09/07-80004-006 50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #