## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033776

Entity Name: CHAZ & DONA, LLC

## **Current Principal Place of Business:**

455 NE 5TH AVE **SUITE D #334** 

DELRAY BEACH, FL 33483

## **Current Mailing Address:**

455 NE 5TH AVE SUITE D#334 DELRAY BEACH, FL 33483 US

FEI Number: 20-3544639 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ROBERT LEE SHAPIRO P.A. 2401 PGA BLVD. 272

PALM BEACH GARDENS, FL 33410 US

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:

Electronic Signature of Registered Agent

Date

**FILED** Mar 29, 2015

**Secretary of State** 

CC1823979573

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

CABELA, CHAZ Name Name CABELA, DONA 455 NE 5TH AVE 455 NE 5TH AVE Address Address **SUITE D #334** 

SUITE D#334

City-State-Zip: DELRAY BEACH FL 33483 City-State-Zip: DELRAY BEACH FL 33483

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.