

**2017 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

**Authorized Person(s) Detail :**

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

**SIGNATURE:** DONA CABELA

MGR

04/12/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date