

**2016 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  
Name CABELA, CHAZ  
Address 455 NE 5TH AVE  
SUITE D #334  
City-State-Zip: DELRAY BEACH FL 33483

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

03/08/2016

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

\_\_\_\_\_  
Date