

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052193

**Entity Name:** IDONNY LTD. LIABILITY CO.

**Current Principal Place of Business:**

17 TORY CIRCLE  
LEOMINSTER, MA 01453

**Current Mailing Address:**

17 TORY CIRCLE  
LEOMINSTER, MA 01453

**FEI Number:** 32-0331689

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NYAMWEYA, DONISIUS  
10436 HUNTERS HAVEN BLVD  
RIVERVIEW, FL 33569 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 NYAMWEYA, DONISIUS  
Address 17 TORY CIRCLE  
City-State-Zip: LEOMINSTER MA 01453

*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:** DONISIUS NYAMWEYA

**PRINCIPAL/OWNER**

**02/11/2014**

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

\_\_\_\_\_  
Date