

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000123742

**Entity Name:** ONE'NDONE**Current Principal Place of Business:**5570 S US HWY 17/92  
CASSELBERRY, FL 32707**Current Mailing Address:**5570 S US HWY 17/92  
CASSELBERRY, FL 32707 US**FEI Number:** 46-3594740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KURBATOVA, KATERINA  
5570 S US HWY 17/92  
CASSELBERRY, FL 32707 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	KURBATOVA, KATERINA
Address	5570 S US HWY 17/92
City-State-Zip:	CASSELBERRY FL 32707

Title	MGRM
Name	SMITH, PARISA
Address	5570 S US HWY 17/92
City-State-Zip:	CASSELBERRY FL 32707

Title	MGRM
Name	SMITH, MICHAEL
Address	5570 S US HWY 17/92
City-State-Zip:	CASSELBERRY FL 32707

*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:** PARISA SMITH

MGRM

03/18/2021

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