

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000123742

**Entity Name:** ONE'NDONE

**Current Principal Place of Business:**

274 WILSHIRE BOULEVARD  
SUITE 249  
CASSELBERRY, FL 32707

**Current Mailing Address:**

274 WILSHIRE BOULEVARD  
SUITE 249  
CASSELBERRY, FL 32707

**FEI Number:** 46-3594740

**Certificate of Status Desired:** No

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

KURBATOVA, KATERINA  
274 WILSHIRE BOULEVARD  
SUITE 249  
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 274 WILSHIRE BOULEVARD, SUITE 249  
City-State-Zip: CASSELBERRY FL 32707

Title MGRM  
Name SMITH, PARISA  
Address 274 WILSHIRE BOULEVARD SUITE 249  
City-State-Zip: CASSELBERRY FL 32707

Title MGRM  
Name SMITH, MICHAEL  
Address 274 WILSHIRE BLVD, SUITE 249  
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:** KATERINA KURBATOVA

**MANAGING MEMBER**

**03/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date