

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000192369

**Entity Name:** DONFORT LLC

**Current Principal Place of Business:**

741 WEST KALMIA DRIVE  
LAKE PARK, FL 33403

**Current Mailing Address:**

PO BOX 530734  
LAKE PARK, FL 33403 US

**FEI Number:** 83-1536116

**Certificate of Status Desired:** No

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

FLERIGENE, EDMOND  
741 WEST KALMIA DRIVE  
LAKE PARK, FL 33403 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:** EDMOND FLERIGENE

05/18/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                            |
|-----------------|--------------------|-----------------|----------------------------|
| Title           | MGR                | Title           | AMBR                       |
| Name            | FLERIGENE, EDMOND  | Name            | AUGUSTE, YVETTE            |
| Address         | 741 WEST KALMIA DR | Address         | 1014 INDIAN TRACE CIR. 306 |
| City-State-Zip: | LAKE PARK FL 33403 | City-State-Zip: | WEST PALM BEACH FL 33407   |

*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:** EDMOND FLERIGENE

MANAGER

05/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date