

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000001680

1. Entity Name

KANIA, LIMITED PARTNERSHIP



FILED

03 MAY 19 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27200 Riverview Center Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 309

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Zip

34134

Country

USA

Zip

Country

4. FEI Number

14-1863420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Cohen & Grigsby, P.C.

Street Address (P.O. Box Number is Not Acceptable)

27200 Riverview Center Blvd.

Suite 309

City

Bonita Springs

FL

Zip Code
34134

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$100

10. Amount of Capital Contributions
in FLORIDA to date.

\$100

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME Demacon, LLC
STREET ADDRESS 27200 Riverview Center Blvd., Ste. 309
CITY-ST-ZIP Bonita Springs, FL 34134

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600013734836
04/03/03--01007--021 **\$8.75

DOCUMENT #

NAME

STREET ADDRESS

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600013734836
03/10/03--01076--022 **\$2.50

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

President and Sole Member

Martin Kania

2/ 21/03

941/390-1900

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)