

2001 UNIFORM BUSINESS REPORT (UBR)

0021610 AF

DOCUMENT # L00000001339

1. Entity Name
DAN SAL, LLC

FILED

01 APR 30 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2303 1ST STREET EAST
BRADENTON FL 34208

Mailing Address

2303 1ST STREET EAST
BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0986377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SIMONE, DAN
2303 1ST STREET EAST
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NUMBER FEE IS \$50.00
Make Check Payable to Department of State

900004221059-2
-05/16/01--01126--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	PRES.	<input type="checkbox"/> Delete
NAME	DAN SIMONE	
STREET ADDRESS	2303 1ST ST. E.	
CITY-ST-ZIP	BRADENTON FLA. 34208	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	SALVATORE PIGNANELLI	
STREET ADDRESS	9214 18th NW DR.	
CITY-ST-ZIP	BRADENTON FLA. 34204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAN SIMONE MARCH 31/01 941-747-6465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)