

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90007 034 ****50.00

DOCUMENT # L00000003001

1. Entity Name

SAMDON LLC

Principal Place of Business

**340 S. PALM AVENUE, APT. PL-1
 SARASOTA FL 34236**

Mailing Address

**340 S. PALM AVENUE, APT. PL-1
 SARASOTA FL 34236**

2. Principal Place of Business

**1301 N. TAMiami TRAIL
 Suite, Apt. #, etc.
 SARASOTA Bay Club #310
 City & State
 SARASOTA, FL
 Zip 34236 Country USA**

3. Mailing Address

**1301 N. TAMiami TRAIL
 Suite, Apt. #, etc.
 SARASOTA Bay Club #310
 City & State
 SARASOTA, FL
 Zip 34236 Country USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0990670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JOHNS, DONALD L
 340 S. PALM AVENUE, APT. PL-1
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **DONALD L. JOHNS**
 Street Address (P.O. Box Number is Not Acceptable)
**1301 N. TAMiami TRAIL
 SARASOTA Bay Club APT. 310
 City SARASOTA FL Zip Code 34236**

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 Donald L. Johns, DONALD L. JOHNS, MGR DATE 2/26/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JOHNS, DONALD L	
STREET ADDRESS	340 S. PALM AVENUE, APT. PL-1	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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: Donald L. Johns, DONALD L. JOHNS, MGR DATE 2/26/02 (941) 363-0905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)