

2001 UNIFORM BUSINESS REPORT (UBR)

0022868 AF

DOCUMENT # L00000007927

1. Entity Name
DONNA HALL, LLC

Principal Place of Business

261 S. TAMiami TRAIL
NOKOMIS FL 34275

Mailing Address

261 S. TAMiami TRAIL
NOKOMIS FL 34275

FILED

2001 MAY -2 PM 6:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1531 S. Tamiami Trl

1531 S. Tamiami Trl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#703

#703

City & State

City & State

Venice, FL

Venice, FL

Zip

Country

Zip

Country

34292

USA

34292

USA

4. FEI Number

65-1037497

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHLEIF, ROD

261 S. TAMiami TRAIL
NOKOMIS FL 34275

Name Rod Khleif

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

1531 S. Tamiami Trl #703

City Venice, FL

FL

Zip Code 34292

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.

(NOT: Registered Agent signature required when reinstating)

4-30-01

100004325964--3

-05/29/01--01132--012

*****50.00 *****50.00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition
Manager
Rod Khleif
1531 S. Tamiami Trl #703
Venice, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE: ROD KHLEIF

4-27-01

941-497-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)