

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008993

1. Entity Name
A'DASHI, LLC

FILED

01 MAY 30 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1400 CENTREPARK BOULEVARD, SUITE 1000
WEST PALM BEACH FL 33401

Mailing Address
1400 CENTREPARK BOULEVARD, SUITE 1000
WEST PALM BEACH FL 33401



2. Principal Place of Business
13860-11 Wellington Trace
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJM

City & State
Wellington FL

City & State

4. FEI Number
760506786

Applied For
Not Applicable

Zip
33414

Country
Palm Beach

Zip

Country

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

KNEEN, JEFFREY D ESQ.
C/O LEVY, KNEEN, MARIANI, CURTIN, KORNFEL
1400 CENTREPARK BOULEVARD, SUITE 1000
WEST PALM BEACH FL 33401

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 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
PRESIDENT
SHIRLEY JOHNSON MGRM
13860-11 WELLINGTON TRACE
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004429882-4
-06/19/01--01071--001
*****50.00 *****50.00

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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: *Shirley Johnson*

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

Date

Daytime Phone #

4-18-01 561-784-8833

CP2E083 (11/00)

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