

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000009463

1. Entity Name
NEUWIRTH DNBC, L.L.C.



Principal Place of Business
413 COCONUT ISLE DRIVE
FT. LAUDERDALE, FL 33301

Mailing Address
413 COCONUT ISLE DRIVE
FT. LAUDERDALE, FL 33301



02192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1033152

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASSER, GENE ESQ.
% ABRAMS, ANTON P.A.
2021 TYLER STREET
HOLLYWOOD, FL 33022

**DO NOT WRITE
IN THIS SPACE**

B. 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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000089986
03/16/04-R0012-011-55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
NEUWIRTH, BARBARA
413 COCONUT ISLE DRIVE
FT. LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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: *Barbara Newirth* BARBARA NEUWIRTH

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

3/4/2004

Date

(954) 765-5866

Daytime Phone #