

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000015114**

1. Entity Name

DOMAIN NAME GIRL, LLC

Principal Place of Business

Mailing Address

20532 SW 114TH AVENUE

20532 SW 114TH AVENUE

MIAMI  
33189

FL

MIAMI  
33189

FL

2. Principal Place of Business

3. Mailing Address

12380 SW 223RD STREET

12380 SW 223RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

MIAMI

FL

MIAMI

FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

33170

US

Zip

Country

33170

US

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

LYDDY SEAN  
20532 SW 114TH AVENUEMIAMI  
33189 US

FL

Name

LYDDY SEAN

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

12380 SW 223RD STREET

City  
MIAMI

FL

Zip Code  
33170

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)

05/01/2001

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VON DAVIA ALEXANDRIA 12380 SW 223RD STREET MIAMI FL 33170 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYDDY SEAN 12380 SW 223RD STREET MIAMI FL 33170 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VON VOUELCHYK INGA 828 COMMONWEALTH AVENUE BOSTON MA 02215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** alexandria von davia

mgrm

05/01/2001

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

Date

Daytime Phone #

CR2E083 (11/00)