2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # L00000016068

1. Entity Name

D & C, LLC



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90120 036 ****50.00

Principal Plac 1101 S.W. 11TI BOCA RATON		Mailing Address 1101 S.W. 11TH STREET BOCA RATON FL 33488		29009643
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State	**************************************	4. FEI Number 65-1089206 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Curre	it Registered Agent		7. Name and Address of New Registered Agent
110	LEY, ALAN J 1 S.W. 11TH STREET CA RATON FL 33486		Name Street Addres	ss (P.O. Box Number is Not Acceptable)
\			City	FL Zip Code
8. The above the obligati	named entity submits this statementions of registered agent.	t for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ient and title if anniicabje. (NOT'	E: Registered Agent signature requi	uired when reinstating) DATE
		Make Check Payabl	OW!!! FEE IS \$50.00 le to Florida Departm e By May 1, 2003	
9.		IBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLEY, ALAN J 1101 S.W. 11TH STREET BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLEY, CAROLYN 1101 S.W. 11TH STREET BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE — VAME STREET ADDRESS : CITY-ST-ZIP		□ Delete "	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME ITREET 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: SUPPLY REQUIRED IN MENTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #