FILED
Jul 17, 2002 8:00 am
Secretary of State
05-07-2002 90391 008 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001105

1. Entity Name
D&P ASSOCIATES, LLC

Principal Place of Business
1601 SAN SILVESTRO DRIVE
VENICE FL 34292

Mailing Address
1601 SAN SILVESTRO DRIVE
VENICE FL 34292

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1601 San Silvestro Dr.	1601 San Silvestro Dr.
Suite, Apt. #, etc. Venice FL	Suite, Apt. #, etc.
City & State 34292	City & State Venice FL.
Zip 34292 Country USA	Zip 34292 Country USA.

4. FEI Number 65 1073432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KRASNOFF, DAVID S
1601 SAN SILVESTRO DRIVE
VENICE FL 34292

7. Name and Address of New Registered Agent
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~~
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	co.owner PRESIDent	☐ Delete
NAME	Paulette Krasnoff	
STREET ADDRESS	1601 SanSilvestro Dr	
CITY-ST-ZIP	venice, FL 34292	
TITLE	co.owner Secretary	☐ Delete
NAME	DAVID krasnoff	
STREET ADDRESS	1601 san Silvestro Dr	
CITY-ST-ZIP	venice, FL 34292	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

CR2E083 (8/01)

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

04/22/02 Date

941-408-0898 Daytime Phone #