

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

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90048 023 *****50.00

DOCUMENT # L01000004547

1. Entity Name
DRIGON, LLC



Principal Place of Business
**5606 PGA BLVD
SUITE 211
PALM BEACH GARDENS FL 33418**

Mailing Address
**5606 PGA BLVD
SUITE 211
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1088861**

Applied For

Not Applicable

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

**MATHISON, STEPHEN S ESP
5606 PGA BLVD
SUITE 211
PALM BEACH GARDENS FL 33418**

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. 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MAXWELL, JACK F III
5606 PGA BLVD STE 211
PALM BEACH GARDENS FL 33418** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ZADA, JOSEPH P
5606 PGA BLVD STE 211
PALM BEACH GARDENS FL 33418** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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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:

SIGNATURE REFUSED

Joseph P Zada

8-1-03

313-642-6000

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

Date

Daytime Phone #

CR2E083 (4/03)

Attachment

Law Offices of
FREDERIC T. DeHON, JR., P.A.
PGA CONCOURSE BUILDING, SUITE 211
5606 PGA BOULEVARD
PALM BEACH GARDENS, FLORIDA 33418

90150028
#101000004547

Of Counsel to:
STEPHEN S. MATHISON, P.A.

TELEPHONE: (561) 624-2001
TELECOPIER: (561) 624-0036

TRANSMITTAL

Date: August 11, 2003

To: Uniform Business Report
Division of Corporations
P.O. BOX 6478
Tallahassee, Florida 32314-6478

RE: Drigon, LLC

Enclosed:

Uniform Business Report for 2003
Check for \$50.00 for filing fees

Comments:

Please file the enclosed