

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90017 044 \*\*\*\*50.00

**DOCUMENT # L01000009265**

1. Entity Name

**DARIN DAVID, LLC.**

Principal Place of Business

**1400 VIRGINIA STREET  
 KEY WEST FL 33040**

Mailing Address

**1400 VIRGINIA STREET  
 KEY WEST FL 33040**

2. Principal Place of Business

**804 CAROLINE ST.**

Suite, Apt. #, etc.

3. Mailing Address

**804 CAROLINE ST.**

Suite, Apt. #, etc.

City & State

**KEY WEST**

City & State

**KEY WEST, FL**

Zip

**FL**

Country

**33040 USA**

Zip

**33040**

Country

**USA**

4. FEI Number

**65-1115232**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JANOUS, MELINDA  
 1400 VIRGINIA STREET  
 KEY WEST FL 33040**

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 is 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 **MGRM** ☐ Delete  
 NAME **JANOUS, MELINDA A**  
 STREET ADDRESS **1400 VIRGINIA STREET**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **MGRM** ☐ Delete  
 NAME **DARIN D. COOK**  
 STREET ADDRESS **1507 GEORGE ST.**  
 CITY-ST-ZIP **KEY WEST, FL 33040**

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 **MGRM** ☐ Change ☒ Addition  
 NAME **DARIN D. COOK**  
 STREET ADDRESS **1507 GEORGE ST.**  
 CITY-ST-ZIP **KEY WEST, FL 33040**

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

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

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

Date

Daytime Phone #

CR2E083 (9/01)