

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

DOCUMENT # L01000017314

1. Entity Name DSM, Ltd.CCo.



FILED

03 OCT 14 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
621 N.W. 53rd Street

3. Mailing Address
621 N.W. 53rd Street

Suite, Apt. #, etc.
#420

Suite, Apt. #, etc.
#420

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Scott Michaud, Esquire

Street Address (P.O. Box Number is Not Acceptable)
621 N.W. 53rd Street, #420

City
Boca Raton, FL Zip Code
33487

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Debra S. Michaud
621 N.W. 53rd Street, #420
Boca Raton, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100023757891
10/13/03--01001--015 **\$50.00

**DO NOT WRITE
IN THIS SPACE**

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

Debra Michaud

10/7/03

561-391-1559

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

Date

Daytime Phone #

CR2E083B (12/02)



MICHAUD ♦ BUSCHMANN ♦ MITTELMARK ♦ MILLIAN ♦ BLITZ ♦ WARREN & COEL, P.A.
ATTORNEYS AT LAW

Debra S. Michaud
Director of Operations

October 7, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

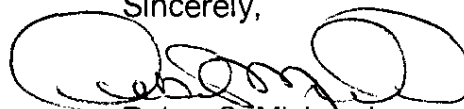
Re: DSM, Ltd.Co.
Document No.: L01000017314

Dear Sir/Madam:

Enclosed herewith please find the completed Uniform Business Report ("UBR") for the above-referenced limited liability company along with a check in the amount of \$50.00 made payable to the Florida Department of State. Due to a relocation, I never received the original form, so please waive any reinstatement fees, penalties or late fees. If you need any additional information you can contact me at the number below.

Thank you for your attention to this matter.

Sincerely,



Debra S. Michaud

DSM/dlc
Enclosures