

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

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90040 033 ****50.00

DOCUMENT # L01000022541

1. Entity Name

DONSORELL, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

321 NW 201 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

4. FEI Number

04 3597645

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

RICHARD T DONATO

Street Address (P.O. Box Number is Not Acceptable)

7700 DAVIE ROAD EXTENSION

City

Hollywood

FL

Zip Code

33024

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
R SOVERNS, Rickki D
321 NW 201 Ave
Pembroke Pines, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FARRELL, BRENDON
321 NW 201 Ave
Pembroke Pines, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DONATO, RICHARD T
7700 DAVIE ROAD EXTENSION
Hollywood, FL 33024

TITLE
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CITY-ST-ZIP

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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:

Rickki D Soverns Rickki D SOVERNS

MAR 7, 2002 954 450-7050

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

Date

Daytime Phone #

CR2E083B (12/01)