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

## DOCUMENT # L01000022844

1. Entity Name

ELLEGANZA, LLC



## **FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90131 049 \*\*\*\*50.00

Principal Place	of Business	Mailing Address	Mailing Address			/110001131			
55 LONGWOOD 55	CLUB PLACE	955 LONGWOOD CLUB PLACE 955				20000001			
ONGWOOD FL	32750	LONGWOOD FL 32750				: 011 00101 ((D)) 00111 A2111 00111 A2	11 <b>0</b> 21 <b>010</b> (1 <b>00</b> 1 1 <b>0</b> 121 <b>0</b>	1811 8181 1881	
\$		US							
<ol><li>Principal Pl</li></ol>	ace of Business	3. Mailing Address				i dir barak ir <u>bir ab</u> iri adırı acırı ar	IER KIRKO KARI KRIELO !	<u>                                      </u>	
Suite, Apt.	#, etc	- Suite, Apt. #, etc			CHECK HERE IF MAKING CHANGES				
City & State	3	City & State		4. FEI Numi	per <b>80-0005265</b>	<u> </u>	oplied For lot Applicable		
Zip	Country	Zip	ip Countr		5. Certificat	e of Status Desired	\$5.00 Ac Fee Requir		
	6. Name and Address of Current I	7. Name and Address of New Registered Agent							
NATOO ADDAG I				Name					
DATU	00, abbas l Longwood Club Place			Street Address (P.O. Box Number is Not Acceptable)					
: 955 LONGWOOD FL 32750								-	
				City			FL Zip Co	de	
	named entity submits this statement for	the purpose of changing its	registere	ed office or registe	ered agent, or b	oth, in the State of Florida. I	am familiar with	, and accept	
the obligati	ons of registered agent.								
SIGNATURE _		and title if applicable (NOT)	E: Davietara	d Agent eignature require	nd when reinstation)	D	ATE	<u></u>	
Signature, typed or printed name or registered agent and the inapplicable.									
	* · · · · · · · · · · · · · · · · · · ·	FEE IS \$50.00							
		Make Check Payab	le to Fi	orida Departme	ent of State				
		- Du	е ву ма	ay 1, 2003					
9.	MANAGING MEMBE	RS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHAN			
TITLE	MGRM	☐ Delete	TITL		,		☐ Change	☐ Addition	
NAME	DATOO, ABBAS L		NAM						
STREET ADDRESS	955 LONGWOOD CLUB PLACE			ET ADDRESS - ST- ZIP					
CITY-ST-ZIP	LONGWOOD FL 32750				,		Change	Addition	
TITLE	MGRM DATOO, LIAQATALI M	☐ Delete	TITLI NAM	- I .		•	Change	Addition	
NAME STREET ADDRESS	955 LONGWOOD CLUB PLACE			EET ADDRESS		4			
CITY-ST-ZIP	LONGWOOD FL 32750		•	-ST-ZIP		• '			
	MGRM	☐ Delete	TITL		. 1.5		Change	Addition	
TITLE NAME	DATOO, NASEEM L	LT Delete	NAM	- I					
STREET ADDRESS	955 LONGWOODCLUB PLACE			ET ADDRESS					
CITY-ST-ZIP	LONGWOOD FL 32750		CITY	-ST-ZIP					
TITLE	MGRM	☐ Delete	TITL	E			☐ Change	☐ Addition	
NAME	DATOO, MURTAZA L		NAM	SE					
STREET ADDRESS-	-955 LONGWOOD CLUB PLACE-			EET ADDRESS					
CITY-ST-ZIP	LONGWOOD FL 32750		CITY	-ST-ZIP		<u></u> .			
TITLE		☐ Delete	TITL	E			Change	Addition	
NAME			NAM	IE .					
STREET ADDRESS	1			EET ADDRESS					
CITY-ST-ZIP	·		CITY	'-ST-ZIP					
TITLE		☐ Delete	TITL				☐ Change	☐ Addition	
NAME			NAM	<b>I</b>					
STREET ADDRESS				EET ADDRESS '-ST-ZIP					
CITY-ST-ZIP					Name 440 030	O(C) Elevide Ct-t-t 1 ft	or contifue these these	information	
<ol><li>I hereby of</li></ol>	ertify that the information supplied with	i this filing does not qualify fo	r the exe	emption stated in S	section 119.07(3	ogra, morida statutes, i runtne	si cestiny that the	mornation	

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

Daytime Phone #