

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90028 003 \*\*\*\*\*50.00

**DOCUMENT # L02000023127**

1. Entity Name

**POP'S DONUTS, LLC**



Principal Place of Business

1350 OCEAN SHORE BLVD. UNIT "F"  
ORMOND BEACH FL 32176

Mailing Address

1350 OCEAN SHORE BLVD. UNIT "F"  
ORMOND BEACH FL 32176

2. Principal Place of Business

138 W. GRANADA BLVD.

Suite, Apt. #, etc.  
ORMOND BEACH, FL  
City & State

3. Mailing Address

138 W. GRANADA BLVD.

Suite, Apt. #, etc.  
ORMOND BEACH, FL  
City & State



☒ CHECK HERE IF MAKING CHANGES

Zip  
32174

Country  
USA

Zip  
32174

Country  
USA

4. FEI Number

54-2073108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARKIN, MARSHALL H  
149 S. RIDGEWOOD AVENUE, SUITE 710  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name **MANDANA FARZANRAD**

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

346 CORNELL DRIVE

City **DAYTONA BEACH FL** Zip Code **32118**

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

*Mandana Farzanrad*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/03  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete  
NAME **MANDANA FARZANRAD**  
STREET ADDRESS **346 CORNELL DRIVE**  
CITY-ST-ZIP **DAYTONA BEACH, FL, 32118**

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **LOLA M. FARZANRAD**  
STREET ADDRESS **346 CORNELL DRIVE**  
CITY-ST-ZIP **DAYTONA BEACH, FL, 32118**

TITLE **SARA AFSHARI** ☐ Delete  
NAME **SECRETARY**  
STREET ADDRESS **26 AMSDEN Rd.**  
CITY-ST-ZIP **ORMOND BEACH, FL, 32176**

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

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

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

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:**

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

Date

Daytime Phone #

CR2E083 (10/02)

0001364