

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-26-2003 90046 027 ****50.00

DOCUMENT # L02000030315

1. Entity Name

DONIA, L.L.C.



Principal Place of Business

704 S.E. 2ND AVE., STE. 337
DEERFIELD BEACH FL 33441

Mailing Address

704 S.E. 2ND AVE., STE. 337
DEERFIELD BEACH FL 33441

2. Principal Place of Business

~~704 S.E. 2ND AVE. STE. 337~~

Suite, Apt. #, etc.

~~DEERFIELD BEACH FL 33441~~

3. Mailing Address

~~704 S.E. 2ND AVE. STE. 337~~

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

~~DEERFIELD BEACH FL~~

City & State

~~DEERFIELD BEACH FL~~

4. FEI Number

~~02-0651203~~

Applied For

~~Not Applicable~~

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~1840 SW 22ND ST.~~
~~4TH FLOOR~~
~~MIAMI FL 33145~~

7. Name and Address of New Registered Agent

Name

~~MAREK A CEGIELSKI~~

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

~~704 SE 2ND AVE STE 337~~

City

~~DEERFIELD BEACH~~

FL

Zip Code

~~33441~~

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.

(NOTE: Registered Agent signature required when reinstating)

~~03-24-03~~

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 ☐ Delete
NAME **MGR**
STREET ADDRESS **CEGIELSKI, MAREK A**
CITY - ST - ZIP **704 S.E. 2ND AVE., STE. 337
DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **HUJUDUS, RICHARD J**
CITY - ST - ZIP **704 S.E. 2ND AVE., STE. 337
DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

10. ADDITIONS/CHANGES

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

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 REQUIRED

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

Date

Daytime Phone #

04/07/03

Cegielski

CR2E083 (10/02)