

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91433 005 ****50.00

DOCUMENT # **L02000034146**

1. Entity Name

DGJIE, LLC



DO NOT WRITE IN THIS SPACE

30068491

2. Principal Place of Business

7462 Sally Lyn Ln
Suite, Apt. #, etc.

3. Mailing Address

7462 Sally Lyn Ln
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth FL 33467

City & State

Lake Worth FL 33467

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip **33467**

Country **USA**

Zip **33467**

Country **USA**

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

7. Name and Address of Current Registered Agent

Name **David Abellard Jr**

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

7462 Sally Lyn Ln

City **Lake Worth**

FL

Zip Code **33467**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

4-30-2003

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	CEO David Abellard Jr 7462 Sally Lyn Ln Lake Worth FL 33467
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	

**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:

[Signature]

4-30-03 561-541-0423

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

Date

Daytime Phone #

CR2E083B (12/02)