

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 28, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000031098**

1. Entity Name  
**ONDA ENTERPRISES, LLC**



Principal Place of Business  
**4949 NORTH A1A #211  
FORT PIERCE, FL 34949**

Mailing Address  
**4949 NORTH A1A #211  
FORT PIERCE, FL 34949**



01182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0582831**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DINIZ, RONALD  
4949 NORTH A1A #211  
FORT PIERCE, FL 34949**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DINIZ, RONALD  
4949 NORTH A1A #211  
FORT PIERCE, FL 34949**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DINIZ, JILL  
4949 NORTH A1A #211  
FORT PIERCE, FL 34949**

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

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01/28/05-80078-022 50.00

**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)(f), 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:** *Jill Diniz*

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

*1-26-05 772-467-1269*

Date

Daytime Phone #