

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90445 034 ****55.00

DOCUMENT # L99000000610

1. Entity Name

DOUGH ENTERPRISES OF SOUTH FLORIDA, L.L.C.



Principal Place of Business

**4545 N. OCEAN DR., 10-B
BOCA RATON FL 33431**

Mailing Address

**4545 N. OCEAN DR., 10-B
BOCA RATON FL 33431**

2. Principal Place of Business

**4400 N. FEDERAL HWY
SUITE 210**

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

BOCA RATON, FL.

City & State

11

Zip

33431

Country

USA

Zip

11

Country

11

4. FEI Number

65-0893088

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SACHS, PETER S ESQ.
301 YAMATO ROAD, SUITE 4150
NORTHERN TRUST PLAZA
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SCHRAMM, RICHARD M**
STREET ADDRESS **4545 N. OCEAN DR., 10-B** **4400 N. FED. HWY. SUITE 210**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **GENERAL MGR.** ☒ Change ☐ Addition
NAME **SCHRAMM, RICHARD M.**
STREET ADDRESS **4400 N. FEDERAL HWY - SUITE 210**
CITY-ST-ZIP **BOCA RATON, FL. 33431**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/03 561-392-5959

Date

Daytime Phone #

CR2E083 (10/02)