

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001160

1. Entity Name

DONNINI CO FLORIDA LLC

FILED

01 JUN -6 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9250 Hwy ALT A1A
Lake Park, FL 33403

2. Principal Place of Business

9250 Hwy ALT A1A

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Park, FL

City & State

4. FEI Number

36-4280063

Applied For

Not Applicable

Zip

Country

Zip

Country

33403

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Joseph Donnini Jr.
9250 Hwy ALT A1A
Lake Park, FL 33403

7. Name and Address of New Registered Agent

Name: David Donnini
Street Address (P.O. Box Number is Not Acceptable):
9250 Hwy ALT A1A
City: Lake Park FL Zip Code: 33403

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.

SIGNATURE

David Donnini
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/1/01

FILE NOW!!! FEE IS \$50.00

(Make Check Payable to Department of State)

20010423964
06/18/01--01023--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MGRM	Joseph Donnini Sr.	9250 Hwy ALT A1A	Lake Park FL 33403	☐
MGRM	Joseph Donnini Jr.	9250 Hwy ALT A1A	Lake Park FL 33403	☐
MGRM	David Donnini	9250 Hwy ALT A1A	Lake Park, FL 33403	☐
MGRM	Deanna Donnini	9250 Hwy ALT A1A	Lake Park, FL 33403	☐
MGRM	Gerald Donnini	9250 Hwy ALT A1A	Lake Park, FL 33403	☐
MGRM	Dames Donnini	8124 Native Dancer East	94th Beach Gardens, FL 33410	☐

10. ADDITIONS/CHANGES

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

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

Date

Daytime Phone #

CR2E083 (1/00)