

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90018 002 \*\*\*\*50.00

**DOCUMENT # L99000005333**

**1. Entity Name**  
**NANCY DIMARZO, L.L.C.**

**Principal Place of Business**

**162 SE 5TH AVENUE  
 DELRAY BEACH FL 33463**

**Mailing Address**

**162 SE 5TH AVENUE  
 DELRAY BEACH FL 33463**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33483**

Country

Zip **33483**

Country

**4. FEI Number NOT APPLICABLE**

Applied For

Not Applicable

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

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

**7. Name and Address of New Registered Agent**

**DIMARZO, NANCY  
 162 SE 5TH AVENUE  
 DELRAY BEACH FL 33463**

Name

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

City

**FL**

Zip Code **33483**

**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**

*Nancy Dimarzo - President*

**1-9-02**

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 Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**DIMARZO, NANCY**  
**162 SE 5TH AVENUE**  
**DELRAY BEACH FL 33463**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**33483**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

☐ Delete

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☐ 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:**

*Nancy Dimarzo - President*

**1-9-02**

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

Date

Daytime Phone #

CR2E083 (9/01)