

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006838

1. Entity Name
DV ASSOCIATES, LLC

Principal Place of Business

1957 GAMBOGE DRIVE
ORLANDO FL 32822

Mailing Address

1957 GAMBOGE DRIVE
ORLANDO FL 32822-8348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603806

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMAN, DANIEL
1957 GAMBOGE DRIVE
ORLANDO FL 32822

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME P.O. MGR
DANIEL HOFFMAN MGRM
STREET ADDRESS 1957 Gamboe Dr.
CITY-ST-ZIP Orlando FL 32822

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
700003287617-2
-06/13/00--01086--006
*****50.00 *****50.00

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CITY-ST-ZIP

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:

Daniel Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-30-00

407-679-1510

Date

Daytime Phone #