

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106578

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** THE LAW OFFICES OF DORIE ORTIZ, P.L.

**Current Principal Place of Business:**

P.O. BOX 440455  
JACKSONVILLE, FL 32222 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 440455  
JACKSONVILLE, FL 32222 US

**New Mailing Address:**

**FEI Number:** 13-4314082      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ORTIZ, DORIE  
8823 SAN JOSE BOULEVARD  
208  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ORTIZ, DORIE  
Address: P.O. BOX 440455  
City-St-Zip: JACKSONVILLE, FL 32222 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DORIE ORTIZ

MGRM

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date