

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106578

**FILED**  
**Mar 07, 2007**  
**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:**

6034 CHESTER AVE.  
107B  
JACKSONVILLE, FL 32217 US

**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 ( )**

**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:**

ORTIZ, DORIE  
6034 CHESTER AVE.  
107B  
JACKSONVILLE, FL 32217 US

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: \_\_\_\_\_

03/07/2007

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

03/07/2007

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