

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106578

FILED  
May 01, 2010  
Secretary of State

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

**Current Principal Place of Business:**

6821 SOUTHPOINT DR. N.,  
109  
JACKSONVILLE, FL 32216 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  
6821 SOUTHPOINT DR.  
109  
JACKSONVILLE, FL 32216 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  
Name: ORTIZ, DORIE  
Address: P.O. BOX 440455  
City-St-Zip: JACKSONVILLE, FL 32222 US

I hereby 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

05/01/2010

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