

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90088 035 ***138.75

DOCUMENT # L06000032245

1. Entity Name

DODDS, LLC



Principal Place of Business

P.O. BOX 31764
PALM BEACH GARDENS FL 33420-1764

Mailing Address

16840 113TH TRAIL N
JUPITER FL 33478



2. Principal Place of Business - No P.O. Box #

16840 113th trail N.

3. Mailing Address

P.O. Box 31764

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Jupiter, FL

City & State

Palm Beach Gardens, FL

Zip

33478

Country

USA

Zip

33420

Country

USA

4. FEI Number

06-1774035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DODDS, DAVID B
16840 113TH TRAIL N
JUPITER FL 33478

7. Name and Address of New Registered Agent

Name

David Dodds

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

16840 113th Trail N.

City

Jupiter

FL

Zip Code

33478

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David Dodds
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

1-27-08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DODDS, DAVID B
STREET ADDRESS 9158 GREEN MEADOWS WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

David Dodds

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

1-27-08 561-358-0557

Date

Daytime Phone #