

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000104503

**Entity Name:** DOSE FAMILY REMODELING, LLC

**Current Principal Place of Business:**

4830 NW 43RD ST  
K154  
GAINESVILLE, FL 32606

**Current Mailing Address:**

4830 NW 43RD ST  
K154  
GAINESVILLE, FL 32606 US

**FEI Number:** 82-1521592

**Certificate of Status Desired:** No

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

DOSE, CHRISTOPHER A  
4830 NW 43RD ST  
K154  
GAINESVILLE, FL 32606 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                         |                 |                         |
|-----------------|-------------------------|-----------------|-------------------------|
| Title           | MGR                     | Title           | AMBR                    |
| Name            | DOSE, CHRISTOPHER A     | Name            | DOSE, JACQUELINE B      |
| Address         | 4830 NW 43RD ST<br>K154 | Address         | 4830 NW 43RD ST<br>K154 |
| City-State-Zip: | GAINESVILLE FL 32606    | City-State-Zip: | GAINESVILLE FL 32606    |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER DOSE

MGR

02/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date