

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

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000007710

1. Entry Name

DOROTHY CLARK ENTERPRISES, L.L.C.



Principal Place of Business

5501 3RD WAY N
 ST PETERSBURG FL 33703

Mailing Address

5501 3RD WAY N
 ST PETERSBURG FL 33703



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State

City & State

4. FEI Number

59-3689406

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACY, STEPHEN A CPA
 13770 58TH ST N
 SUITE 304
 CLEARWATER FL 33760

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent or authorized representative

(NOTE: Registered agent's name required when identifying)

DATE

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: MGR Delete
 NAME: CLARK, DOROTHY
 STREET ADDRESS: 5501 3RD WAY N
 CITY-ST-ZIP: ST PETERSBURG FL 33703

TITLE: Delete
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10. ADDITIONS / CHANGES

Change Addition
 U00000797016
 01/29/08-80057-005 138.75

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

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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: *Dorothy Clark* DOROTHY CLARK 1-23-08 727-525-9642

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

DATE

ENTRY NUMBER