2004 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000012829

1. Entity Name
DOLPHINS FOUR, L.L.C.

Principal Place of Business	Mailing Address
1868 BUCKEYE STREET N.W. MOGADORE OH 44260	1868 BUCKEYE STREET N.W. MOGADORE OH 44260

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FE Number 34-1947706

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
COLEMAN, KEVIN G 4001 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103	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 understand and accept the obligations of registered agent.

SIGNATURE _____ Signature type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is entered) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONAL MEMBERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICE, ROBERT R 3572 S ARLINGTON ST AKRON OH 44319 ☐ Delete	U00000155388 05/05/04-80035-016 50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions stated in Section [illegible] and that 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 member or trustee empowered to execute this report as required by Chapter [illegible]

SIGNATURE: Kathy J. Regec Kathy J. Regec 4-29-04 330-896-0187

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