

FILED
Jun 19, 2003 8:00 am
Secretary of State

04-28-2003 90080 015 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

4/28

DOCUMENT # L02000003724			
1. Entity Name DOMINICOM LLC			
Principal Place of Business 158 BROOKSIDE COURT PALM HARBOR FL 34683		Mailing Address 158 BROOKSIDE COURT PALM HARBOR FL 34683	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 60-0001316		Applied For ☐ Additional Fee Required	
5. Certificate of Status Desired ☐		\$5.00	
6. Name and Address of Current Registered Agent POPSON JOHN M 158 BROOKSIDE COURT PALM HARBOR FL 34683			
7. Name and Address of New Registered Agent 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 and title if applicable. (NOTE: Registered Agent signature required when relinquishing)			
FILE NOW!!! FEE IS \$60.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ☐ Delete John M. Popsou 158 Brookside Court Palm Harbor, FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner ☐ Delete James H. Popsou, Jr. 5709 Johns Road, Ste 1200 Lutz, FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner ☐ Delete Shirley C. Popsou P.O. Box 385096 Fort Lauderdale, FL 33335	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner ☐ Delete Brian Annis 1044 Winding Oaks Drive Palm Harbor, FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John M. Popsou		3/24/03 (727) 781-5491	

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☒ CHECK HERE IF MAKING CHANGES

CPRE003 (10/02)