## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L02000012564

1. Entity Name

CHARLES F. DODGE, LLC



## FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90027 048 \*\*\*\*50.00

					WE TE						
Principal Plac	ce of Business	S	Mailing Address			1					
15111 DURHAM LANE			15111 DURHAM LANE								
DAVIE FL 33331			DAVIE FL 33331								
								IN <b>1811 i 118</b> in <b>18</b> 11	<b></b>	 	E()(1 E(8) (42)
2. Principal F	Place of Busin	ness	3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
								<u> </u>			
City & State			City & State				Number		•	<b>├</b> ──	Applied For
Zip Country			Zip Country			<del></del>	<u>9-J</u>	10052			lot Applicable
			Σip	2,5			rtificate c	of Status Desire	ed 🗌	\$5.00 Ad Fee Requir	
	6. Name	and Address of Current Re	egistered Agent	istered Agent			7. Name and Address of New Registered Agent				
					Name			<del></del>		•••	
		LES F	Street Address (			ss (P.O. Box	Nümber	is Not Accept	ăble)		<del></del>
	11 DURHAN /IE FL 3333			Street Address (P.O. Box Number is Not A							
UAV	11E FL 3333	1									i
				City				F	■ Zip Co	de	
8. The above named entity submits this statement for the purpose of changing its register											
	e named entity tions of regist		he purpose of changing its	registere	ed office or regi	istered agent	t, or both	, in the State of	i Florida. I ar	n familiar with	n, and accept
_		• 3									ĺ
SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signature req	quired when reinst	ating)		DATE		
			FILE NO	WIII F	EE IS \$50.0	00		\ <u></u>		<del>-</del>	
				rida Depart		ate				Ì	
			7		y 1, 2003						
9. MANAGING MEMBEI			S/MANAGERS	10.				ADDITIO	NS/CHANGE		
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CITY-ST-ZIP	DAVIE	FLORIDA 33	33/	CITY-	ST-ZIP			<u></u>	· <u>···</u>	<u>.</u> .	
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CITY-ST-ZIP	PEMB	com Pierre R.	35027		ST-ZIP						
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11 I haraby s	cortify that the	information cumplied with th	in filing doop not qualify for	4h =	ساز فران مناهم مراهمين	- Candles 440	07/01/0	Classide Overside	14	Life - No - A Ale -	1-8

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.