

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000015279

1. Entity Name

DORE LANIER & PHILLIPS, CHARTERED



Principal Place of Business

76 S LAURA STREET
SUITE 1701
JACKSONVILLE, FL 32202

Mailing Address

76 S LAURA STREET
SUITE 1701
JACKSONVILLE, FL 32202

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90062 037 ***138.75



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

82-0551613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMENAMY, WILLIAM B
50 N LAURA STREET STE. 2925
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------|
| TITLE | MGRM |
| NAME | DORE, DENNIS P |
| STREET ADDRESS | 4700 ORTEGA BLVD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 |

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| NAME | |
| STREET ADDRESS | |
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Date

Daytime Phone #

1/25/08 (904) 358-7881