

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90197 016 \*\*\*\*55.00

**DOCUMENT # L03000011788**

1. Entity Name

DIGITAL DOCS, LLC



Principal Place of Business

10138 U.S. 19  
PORT RICHEY FL 34668

Mailing Address

10138 U.S. 19  
PORT RICHEY FL 34668

**34001443**



MOORE CR2E083 (11/03)

2. Principal Place of Business

9735 U.S. Hwy. 19

3. Mailing Address

9735 U.S. Hwy. 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

4. FEI Number

03-0514026

Applied For

Not Applicable

Zip

34668

Country

USA

Zip

34668

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DWYER, MARGARET L  
10138 U.S. 19  
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name DWYER, MARGARET L.

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

9735 U.S. Hwy. 19

City PORT RICHEY

FL

Zip Code 34668

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

*Margaret L. Dwyer*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret L. Dwyer	
STREET ADDRESS	9735 U.S. Hwy. 19	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lori Mowry	
STREET ADDRESS	9735 U.S. Hwy. 19	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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.

SIGNATURE

*Margaret L. Dwyer*

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

Date

Daytime Phone #