

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018865

FILED  
Apr 04, 2009  
Secretary of State

Entity Name: DOVARWOOD INVESTMENTS, LLC

**Current Principal Place of Business:**

5155 DEESON POINTE CT.  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

3101 HIGHLANDS BY THE LAKE WAY  
LAKELAND, FL 33812

**New Mailing Address:**

FEI Number: 56-2368103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOVIK, RICHARD  
5155 DEESON POINTE CT  
LAKELAND, FL 33805 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOVIK, RICHARD J  
Address: 5155 DEESON POINTE CT.  
City-St-Zip: LAKELAND, FL 33805

Title: MGRM ( ) Delete  
Name: VARGAS, DAVID J  
Address: 3101 HIGHLANDS BY THE LAKE WAY  
City-St-Zip: LAKELAND, FL 33812

Title: MGRM ( ) Delete  
Name: WOODY, JOHN D  
Address: 8633 VISTA SHORES CT.  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID J VARGAS

MGR

04/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date