

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000030344

1. Entity Name
DOMENICA CHARTERS, LLC



Principal Place of Business
**498 MARINER DR
JUPITER, FL 33477**

Mailing Address
**498 MARINER DR
JUPITER, FL 33477**



01282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0182459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLORA, DOMENICA
498 MARINER DR
JUPITER, FL 33477**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FLORA, MICHAEL
STREET ADDRESS	498 MARINER DR
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	MGRM
NAME	FLORA, FRANK
STREET ADDRESS	19040 SE REACH ISLAND LN
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	MGRM
NAME	FLORA, JOSEPH
STREET ADDRESS	113 QUAYSIDE DR
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000304473
04/14/05-80045-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #