2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 12, 2004 8:00 am
Secretary of State

07-30-2004 90133 039 ****50.00

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MOORE CR2E083 (4/04)

DOCUMENT # L03000038196

1. Entity Name

DOLIN LIVERY SERVICES LLC

Principal Place of Business	Mailing Address
4103 SE FAIRWAY EAST STUART FL 34997 US	4103 SE FAIRWAY EAST STUART FL 34997 US

2. Principal Place of Business	3. Mailing Address
Same as above	Same as Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — Applied For / X Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOLIN, JAMES F 4103 SE FAIRWAY EAST STUART FL 34997	Name: Same as above Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	Pres ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	James Dolin	NAME	
STREET ADDRESS	4103 SE Fairway E 34997	STREET ADDRESS	
CITY-ST-ZIP	Stuart FL	CITY-ST-ZIP	
TITLE	V. Pres ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Kenneth Dolin	NAME	
STREET ADDRESS	4193 Arbor Way 33410	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens FL	CITY-ST-ZIP	
TITLE	Sec/Treasurer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Kevin Dolin	NAME	
STREET ADDRESS	5 West Tomstead Rd.	STREET ADDRESS	
CITY-ST-ZIP	Simsbury CT 06070	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 08/07/04 _____ 772 283 0057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #