

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038196

FILED
Jan 04, 2005
Secretary of State

Entity Name: DOLIN LIVERY SERVICES LLC

Current Principal Place of Business:

4103 SE FAIRWAY EAST
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

4103 SE FAIRWAY EAST
STUART, FL 34997 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLIN, JAMES F
4103 SE FAIRWAY EAST
STUART, FL 34997 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/MEMBERS:

Title: P () Delete
Name: DOLIN, JAMES
Address: 4103 SE FAIRWAY E
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: DOLIN, KENNETH
Address: 4103 SE FAIRWAY E
City-St-Zip: STUART, FL 34997

Title: ST () Delete
Name: DOLIN, KEVIN
Address: 5 WEST HOMESTEAD RD
City-St-Zip: SIMSBURY, CT 06070

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DOLIN, JAMES
Address: 4103 SE FAIRWAY E
City-St-Zip: STUART, FL 34997

Title: MGR (X) Change () Addition
Name: DOLIN, KENNETH
Address: 4103 SE FAIRWAY E
City-St-Zip: STUART, FL 34997

Title: MGR (X) Change () Addition
Name: DOLIN, KEVIN
Address: 5 WEST HOMESTEAD RD
City-St-Zip: SIMSBURY, CT 06070

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN DOLIN

MGR

01/04/2005

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