

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000038196

1. Entity Name
DOLIN LIVERY SERVICES LLC



Principal Place of Business
**4103 SE FAIRWAY EAST
STUART, FL 34997 US**

Mailing Address
**4103 SE FAIRWAY EAST
STUART, FL 34997 US**



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DOLIN, JAMES F
4103 SE FAIRWAY EAST
STUART, FL 34997**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DOLIN, JAMES
STREET ADDRESS	4103 SE FAIRWAY E
CITY-ST-ZIP	STUART, FL 34997
TITLE	MGR
NAME	DOLIN, KENNETH
STREET ADDRESS	4103 SE FAIRWAY E
CITY-ST-ZIP	STUART, FL 34997
TITLE	MGR
NAME	DOLIN, KEVIN
STREET ADDRESS	5 WEST HOMESTEAD RD
CITY-ST-ZIP	SIMSBURY, CT 06070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/25/06 80003-017 \$0.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

01/12/06

772 220 1018

Date

Daytime Phone #