

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

01-13-2006 90034 028 ****50.00

DOCUMENT # L03000054381 1. Entity Name DOLCE PROPERTIES LLC					
Principal Place of Business 2902 W AQUILLA ST TAMPA, FL 33629			Mailing Address 2902 W AQUILLA ST TAMPA, FL 33629		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 20751 Suite, Apt. #, etc.			
City & State 		City & State St. Pete, FL		4. FEI Number 20-0531061	
Zip 		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, MARK R SR 6830 CENTRAL AVE., SUITE D ST. PETERSBURG, FL 33707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/10/06</u>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIBRAN, MARIANO E 2902 W AQUILLA ST TAMPA, FL 33629	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>2/6/06</u> 813-810-7394 <small>Daytime Phone #</small>		



ATTACHMENT 30000352

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2006

DOLCE PROPERTIES LLC
P O BOX 20751
SAINT PETERSBURG, FL 33742

Subject: DOLCE PROPERTIES LLC

Reference Number: - - L03000054381

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION