

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90142 010 ****50.00

DOCUMENT # L03000056309

1. Entity Name
DAWSON OF FLORIDA, L.L.C.



Principal Place of Business
**1615 S.E. 47TH TERRACE
CAPE CORAL, FL 33904**

Mailing Address
**1615 S.E. 47TH TERRACE
CAPE CORAL, FL 33904**

14025864



2. Principal Place of Business

3. Mailing Address
1340 Depot St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

07012004 Chg-LLC CR2E083 (10/03)

City & State

City & State
Rocky River, Ohio

4. FEI Number
20-0543601

Applied For
Not Applicable

Zip

Country

Zip

Country

44116

USA

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

**BRICKNER, JOSEPH C
1615 S.E. 47TH TERRACE
CAPE CORAL, FL 33904**

Name
D. Michael Sherman

Street Address (P.O. Box Number is Not Acceptable)

15730 Pipers Glen

City
Fort Myers

FL Zip Code
33912

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-6-04

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SERVICE INSURANCE AGENCY, INC.
1615 S.E. 47TH TERRACE
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DMS Agency of Florida LLC
8911 Daniels Parkway #3
Fort Myers, FL 33907** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

7-6-04

Date

Daytime Phone #