

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90072 031 ****55.00

DOCUMENT # L04000021379

1. Entity Name
DOCC 1, LLC



Principal Place of Business
10791 AVENIDA SANTA ANA
BOCA RATON, FL 33498

Mailing Address
10791 AVENIDA SANTA ANA
BOCA RATON, FL 33498

40005820



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

01312006 Chg-LLC CR2E083 (11/05)

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number
20-0734149

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OGRIN, BARRY
10791 AVENIDA SANTA ANA
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name **OGRIN, BARRY**

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

10605 Mendocino Lane

City **Boca Raton**

FL

Zip Code **33428**

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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME OGRIN, BARRY
STREET ADDRESS 10791 AVENIDA SANTA ANA
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE MGR ☐ Delete
NAME COUNTS, CHARLES
STREET ADDRESS 10791 AVENIDA SANTA ANA
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE MGR ☐ Delete
NAME DIZNOFF, LEE
STREET ADDRESS 10791 AVENIDA SANTA ANA
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE MGR ☐ Delete
NAME COLEMAN, BYARD M
STREET ADDRESS 10791 AVENIDA SANTA ANA
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Mr. Barry Ogrin**
STREET ADDRESS **10605 Mendocino Ln**
CITY-ST-ZIP **Boca Raton, FL 33428-1229**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Charles Counts, Charles**
STREET ADDRESS **10605 Mendocino Lane**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Diznoff, Lee**
STREET ADDRESS **10605 Mendocino Lane**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Coleman, Byard M**
STREET ADDRESS **10605 Mendocino Lane**
CITY-ST-ZIP **Boca Raton, FL 33428**

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

BARRY OGRIN

2/2/06

561-477-8770