

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000022943**

**1. Entity Name  
DUDLEY MOZART, LLC**



**Principal Place of Business  
4161 S U.S. HIGHWAY 1, UNIT J2  
JUPITER, FL 33477-1117**

**Mailing Address  
4161 S U.S. HIGHWAY 1, UNIT J2  
JUPITER, FL 33477-1117**



01232006 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**

**FEINGOLD, LORINDA  
4161 S U.S. HIGHWAY 1, UNIT J2  
JUPITER, FL 33477-1117**

**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 MGRM  
NAME FEINGOLD, LORINDA  
STREET ADDRESS 4161 S U.S. HIGHWAY 1, UNIT J2  
CITY-ST-ZIP JUPITER, FL 334771117**

**TITLE MGRM  
NAME JOHNSON, NANCY  
STREET ADDRESS 4161 S U.S. HIGHWAY 1, UNIT J2  
CITY-ST-ZIP JUPITER, FL 334771117**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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02/05/06-80024-024 50.00

**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

**Date**

**Daytime Phone #**

1/23/06

781-990-3054