

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90087 043 ****50.00

DOCUMENT # L04000024199

1. Entity Name

WALLPAPER AND CARPETING BY DORE, LLC



Principal Place of Business

4724 LAKE SHARP DRIVE
ORLANDO FL 32817

Mailing Address

4724 LAKE SHARP DRIVE
ORLANDO FL 32817

2. Principal Place of Business

ORLANDO, FL.

3. Mailing Address

4724 Lake Sharp Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO, FL.

City & State

FLORIDA

City & State

ORLANDO, FL.

Zip

32817

Country

USA

Zip

32817

Country

USA.

4. FEI Number

583-52-0729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORE, WILLIAM SR.
4724 LAKE SHARP DRIVE
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

William Dore

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DORE, WILLIAM SR.	
STREET ADDRESS	4724 LAKE SHARP DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DORE, LYDIA	
STREET ADDRESS	4724 LAKE SHARP DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

William Dore

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

Date

Daytime Phone #

4-26-05 (407) 739-8286