

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-02-2005 90363 040 ****50.00

DOCUMENT # L04000030460 1. Entity Name DOT C PROPERTIES, LLC			
Principal Place of Business 4400 TAYLOR STREET HOLLYWOOD, FL 33021		Mailing Address 4400 TAYLOR STREET HOLLYWOOD, FL 33021	
2. Principal Place of Business 4400 Taylor St Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Hollywood FL Zip 33021		City & State Hollywood FL Zip 33021	
Country Broward		Country	
4. FEI Number 61-1462-185		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, HOWARD P JR. 4400 TAYLOR STREET HOLLYWOOD, FL 33021		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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Member NAME Howard P Clark Jr STREET ADDRESS 2425 Cheri Lane CITY-ST-ZIP Pembroke Park FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Cheri C Eberly NAME 5148 SW 87 Ave STREET ADDRESS Cooper City, FL 33328 CITY-ST-ZIP Member	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Member NAME Joyce Clark Chopski STREET ADDRESS 3751 N. 55th Ave. CITY-ST-ZIP Hialeah, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Member NAME Gloria Clark Bienvenu STREET ADDRESS 611 S.W. 100th Ave. CITY-ST-ZIP Pembroke Pines, FL 33025	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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: Howard P Clark Jr Member		4/28/05 9549619530	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	