


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90077 004 ****50.00

DOCUMENT # L04000040152	
1. Entity Name DOLAN TRANSPORTATION, LLC	

Principal Place of Business PO BOX 3319 SARASOTA, FL 34230	Mailing Address PO BOX 3319 SARASOTA, FL 34230
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40004297

2. Principal Place of Business 5094 Central Sarasota Pkwy Suite, Apt. #, etc. Unit 204 City & State Sarasota FL Zip 34238 Country USA	3. Mailing Address 5094 Central Sarasota Pkwy Suite, Apt. #, etc. Unit 204 City & State Sarasota FL Zip 34238 Country USA
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01242005 Chg-LLC CR2E083 (10/03)

4. FEI Number 201249819	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DOLAN, CRAIG 5094 CENTRAL SARASOTA PAKY APT 204 SARASOTA, FL 34238
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR DOLAN, CRAIG PO BOX 3319 SARASOTA, FL 34230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5094 Central Sarasota Pkwy, Unit 204 34238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Craig Dolan

Date

Daytime Phone #

1/24/05 (941) 730-3726