2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000057316

1. Entity Name
STEVE DOLLIVER SERVICES, LLC

Principal Place of Business	Mailing Address
9331 NE 60TH STREET BRONSON, FL 32621	P.O. BOX 1807 BRONSON, FL 32621

2. Principal Place of Business	3. Mailing Address	
7651 NE 128 Lane		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04262006 Chg-LLC CR2E083 (11/05)

City & State	City & State	4. FEI Number	Applied For
Bronson, FL		20-1436001	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required
32621					

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DILLIVER, STEPHEN C 9331 NE 60TH STREET BRONSON, FL 32621	Name Dolliver, Stephen C. 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 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		10. ADDITIONS / CHANGES		
TITLE MGR NAME DOLLIVER, STEPHEN C STREET ADDRESS 9331 NE 60TH ST CITY-ST-ZIP BRONSON, FL 32621	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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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 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: _Stephen C Dolliver_ _____   4-27-06 ____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #