## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 17, 2005 8:00 am **Secretary of State** DOCUMENT # L04000064689 1. Entity Name 02-17-2005 90099 006 \*\*\*\*50.00 LANCE DOTSON CONSTRUCTION L.L.C. Mailing Address Principal Place of Business 1360 MOHAWK ROAD P.O. BOX 2031 VENICE FL 34293 VENICE FL 34284 2. Principal Place of Business 3. Mailing Address DOI PO. Box LAKE Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For wwte Not Applicable Country Country \$5.00 Additional Certificate of Status Desired USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOTSOU Lance DOTSON, LANCE 1360 MOHAWK ROAD Street Address (P.O. Box Number is Not Acceptable) 201 Lake ON VENICE FL 34293 City ORIANO 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 grinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGRM Addition ☐ Delete MARM NAME DOTSON, LANCE NAME DOTSON, LANCE STREET ADDRESS 1360 MOHAWK ROAD STREET ADDRESS 201 LAKE D1 CITY-ST-ZIP CITY-ST-7IP VENICE FL 34293 32835 ortanoo, TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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

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