

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90127 013 ****50.00

DOCUMENT # L04000064689 1. Entity Name LANCE DOTSON CONSTRUCTION L.L.C.					
Principal Place of Business 227 SOUTH RAVEN TERRACE INVERNESS, FL 34450			Mailing Address PO BOX 344 INVERNESS, FL 34451		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02132006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 59-2046622	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DOTSON, LANCE 201 LAKE DR ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name DOTSON, LANCE Street Address (P.O. Box Number is Not Acceptable) 227 S. RAVEN TERRACE City Inverness FL Zip Code 34451		
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, 2006		Make check payable to Florida Department of State			
MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOTSON, LANCE 201 LAKE DR ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOTSON, LANCE 227. S. RAVEN TERRACE Inverness, FL 34451	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: 			3-1-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		