

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068209

Entity Name: DORMEQUIP, LLC

FILED
Feb 09, 2005
Secretary of State

Current Principal Place of Business:

% 777 SOUTH FLAGLER DRIVE, SUITE 600E
WEST PALM BEACH, FL 33401

New Principal Place of Business:

7651 CEDAR HURST CT
LAKE WORTH, FL 33467

Current Mailing Address:

% 777 SOUTH FLAGLER DRIVE, SUITE 600E
WEST PALM BEACH, FL 33401

New Mailing Address:

7651 CEDAR HURST CT
LAKE WORTH, FL 33467

FEI Number: 20-1687389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIASECKI, PHILIP
7651 CEDARHURST COURT
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

PIASECKI, PHILIP
7651 CEDAR HURST COURT
LAKE WORTH, FL 33467 US

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.

SIGNATURE:

02/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PIASECKI, PHILIP
Address: 7651 CEDARHURST COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: FERNANDEZ, MANUEL A
Address: 117 WESTWOOD COURT
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIASECKI, PHILIP
Address: 7651 CEDAR HURST COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHILIP PIASECKI

MGRM

02/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date