2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/8/2005

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-08-2005 90283 031 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000069674

1. Entity Name

JOHN DOMITZ, LLC

Principal Place of Business
360 LOBELIA ROAD
ST. AUGUSTINE FL 32086

Mailing Address
360 LOBELIA ROAD
ST AUGUSTINE FL 32086

2. Principal Place of Business	3. Mailing Address
360 Lobelia Rd.	360 Lobelia Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine Fl.	City & State: St. Augustine Fl.
Zip: 32086 Country: U.S.A.	Zip: 32086 Country: U.S.A.

4. FEI Number: 201670975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMITZ, JOHN
360 LOBELIA ROAD
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

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 ______________________ DATE ______
Signature, typed or printed 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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DOMITZ, JOHN 360 LOBELIA ROAD ST AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: John Domitz 4-3-05 904-501-1853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #