

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2/2/2005-90153-034-\$50.00-\$50.00

DOCUMENT # L04000073788

1. Entity Name

DOT'S CRAFT'S LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 9: 02

Principal Place of Business

43483 FREEDOM DRIVE
CALLAHAN FL 32011
US

Mailing Address

43483 FREEDOM DRIVE
CALLAHAN FL 32011
US

2. Principal Place of Business

43483 Freedom Dr

Suite, Apt. #, etc.

3. Mailing Address

43483 Freedom Dr

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

Callahan Florida

Zip

32011

Country

NASSAU

City & State

Callahan Florida

Zip

32011

Country

NASSAU

4. FEI Number

20-1727414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEECHER, DOROTHY-J
43483 FREEDOM DRIVE
CALLAHAN FL 32011

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

Dorothy Beecher

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE: manager
NAME: Dorothy Beecher
STREET ADDRESS: 43483 Freedom Dr
CITY-ST-ZIP: Callahan FL 32011

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TITLE:
NAME:
STREET ADDRESS:
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10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

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☐ Addition

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:

Dorothy Beecher

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

Date

Daytime Phone #