

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90066 047 ****50.00

DOCUMENT # L04000081018

1. Entity Name
DOME-HOMES.COM, LLC.



Principal Place of Business
1704 SPOONBILL DRIVE
NOKOMIS, FL 34275

Mailing Address
P.O. BOX 19319
NOKOMIS, FL 34275

60055353



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 19319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08292007 Chg-LLC CR2E083 (12/06)

City & State

City & State
Sarasota, FL

4. FEI Number
20-1859211

Applied For
Not Applicable

Zip

Country

Zip

34276

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, RALPH
1704 SPOONBILL DR.
NOKOMIS, FL 34275

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GRAHAM, RALPH
STREET ADDRESS 1704 SPOONHILL DR.
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME URBANAK, NANCY W
STREET ADDRESS 4959 SQUIRES DR.
CITY-ST-ZIP TITUSVILLE, FL 34796

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

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

8.29.07

Date

Daytime Phone #