

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90234 033 ***138.75

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
SARASOTA, FL 34276

60016568



2. Principal Place of Business - No P.O. Box #
4959 SQUIRES DR.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03132008 Chg-LLC CR2E083 (12/06)

City & State
Titusville, FL
Zip
32796
Country
USA

City & State
Zip
Country

4. FEI Number
20-1859211
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, RALPH
1704 SPOONBILL DR.
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name
Graham, Ralph
Street Address (P.O. Box Number is Not Acceptable)

4959 SQUIRES DR.
City Titusville FL 34796 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

Ralph Graham

3-21-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME GRAHAM, RALPH
STREET ADDRESS 4959 SQUIRES DR.
CITY-ST-ZIP TITUSVILLE, FL 34796

TITLE ☐ Change ☐ Addition
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:

Ralph Graham

3-21-08

941-374-7280

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

Date

Daytime Phone #