## **2007 LIMITED LIABILITY COMPANY**

## **FILED** ANNUAL REPORT Apr 25, 2007 08:00 A Secretary of State **DOCUMENT # L04000093260** 1. Entity Name ERICKA DUNLAP ENTERPRISES LLC Principal Place of Business Mailing Address 1136 MARTIN L. KING DR 1136 MARTIN L. KING DR ORLANDO, FL 32805 ORLANDO, FL 32805 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04092007 CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 72-1593458 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent WILLIAMS, FANNIE Street Address (P.O. Box Number is Not Acceptable) 1136 MARTIN L. KING DR ORLANDO, FL 32805 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Fiorida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. ☐ Change ☐ Addition UDDD00729360 08 203 MGR TITLE ☐ Delete TITLE WILLIAMS, FANNIE MAME NAME 05/08/07-80037-022 50.00 1136 MARTIN L. KING DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T(T) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE 1m F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition

11. Thereby certify that the information supplied with this fitting 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP