2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000003231

1. Entity Name
LARRY DODDRIDGE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10: 56

Principal Place of Business
597 N.W. FAIRFAX AVE.
PORT ST LUCIE, FL 34983

Mailing Address
597 N.W. FAIRFAX AVE.
PORT ST LUCIE, FL 34983

12162006 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
5382 NW Commodor TER
Suite, Apt. #, etc.
City & State
Port ST Lucie Fl
Zip 34983 Country ST Lucie

3. Mailing Address
5382 NW Commodor TER
Suite, Apt. #, etc.
City & State
Port ST Lucie
Zip 34983 Country ST Lucie

4. FEI Number
57-1217538
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUGH, MORAL C JR
362 SHARPNW
PORT SAINT LUCIE, FL 34983

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DODDRIDGE, LARRY 597 N.W. FAIRFAX AVE. PORT ST LUCIE, FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Doddridge Laroy 5382 N W Commodor Ter Port St Lucie FL 34983	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082635662 12/19/06--01025--001 **50.00	☐ Change ☐ Addition
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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: L Doddridge 12-16-06 772-873-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #