

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90120 040 ***138.75

DOCUMENT # L05000018713

1. Entity Name

COMMERCIAL DOORWAY LLC



Principal Place of Business

1239 GEORGE JENKINS BLVD
LAKELAND FL 33815

Mailing Address

1239 GEORGE JENKINS BLVD
LAKELAND FL 33815



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

1239 George Jenkins Blvd

Suite, Apt. #, etc.

3. Mailing Address

1239 George Jenkins Blvd

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33815

Country

POK

Zip

33815

Country

POK

4. FEI Number

20-2690201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, GAYLORD J
1239 GEORGE JENKINS BLVD
LAKELAND FL 33815

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's signature required when changing)

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	MGR	☐ Delete
NAME	GAYLORD, MARTIN J	
STREET ADDRESS	1239 GEORGE JENKINS BLVD	
CITY- ST- ZIP	LAKELAND FL 33815	
TITLE	MGR	☐ Delete
NAME	WORLOW, ANGELA J	
STREET ADDRESS	1239 GEORGE JENKINS BLVD.	
CITY- ST- ZIP	LAKELAND FL 33815	
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 Section 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:

Angela Worlow

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

4-25-08 863-686-7771

Date

Display Phone #