

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000044535

1. Entity Name  
EDOCERO LTD. CO.



FILED

06 AUG 30 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08292006 Chg-LLC CR2E083 (11/05)

Principal Place of Business  
1022 PARK ST. SUITE 406  
JACKSONVILLE, FL 32205

Mailing Address  
1022 PARK ST. SUITE 406  
JACKSONVILLE, FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-1695008

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HIGHTOWER, CISELY  
5711 BOWDEN RD.  
15  
JACKSONVILLE, FL 32216

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 MEM  
NAME DOZIER, CISELY C MS.  
STREET ADDRESS 5711 BOWDEN RD. SUITE 13  
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☒ Delete

TITLE MGRM  
NAME Wilene Dozier  
STREET ADDRESS 1022 Park St. #406  
CITY-ST-ZIP Jax. FL 32205 ☐ Change ☒ Addition

TITLE MEM MGRM  
NAME HAYWOOD, DORA MS.  
STREET ADDRESS 5711 BOWDEN RD. SUITE 13  
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Delete

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

TITLE MEM MGRM  
NAME WESTON, STANLEY MR.  
STREET ADDRESS 5711 BOWDEN RD. SUITE 13  
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Delete

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

TITLE MEM  
NAME KATEMBO, BARUTI MR.  
STREET ADDRESS 5711 BOWDEN RD. SUITE 13  
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☒ Delete

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

TITLE MEM  
NAME BARUTI, GINA MS.  
STREET ADDRESS 5711 BOWDEN RD. SUITE 13  
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☒ Delete

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

TITLE MEM  
NAME TAMMY, PECK MS.  
STREET ADDRESS 5711 BOWDEN RD. SUITE 13  
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☒ Delete

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

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:

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

8/29/06 (904) 294-7348

Date

Daytime Phone #