

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

07 MAR -5 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000044535

1. Entity Name  
EDOCERO LTD. CO.



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

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

*BK*



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-1695008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOZIER, WILENE  
1022 PARK ST. SUITE 406  
JACKSONVILLE, FL 32205

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME DOZIER, WILENE  
STREET ADDRESS 1022 PARK STREET, #406  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE MGRM ☐ Change ☒ Addition  
NAME Baruti Katemba  
STREET ADDRESS 1022 Park St. #406  
CITY-ST-ZIP Jacksonville, FL 32204

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

TITLE ☐ Change ☐ Addition  
NAME 500090611315  
STREET ADDRESS 03/06/07--01002--013  
CITY-ST-ZIP \*\*118.75

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

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

3/5/07 (904) 353-0868  
Date Daytime Phone #