

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90145 037 \*\*\*\*55.00

**DOCUMENT # L05000062319**

1. Entity Name

**DOCK'S BY BUNKIN L.L.C.**



Principal Place of Business

**2 KLAMATH ST.  
CRAWFORDVILLE FL 32327**

Mailing Address

**2 KLAMATH ST.  
CRAWFORDVILLE FL 32327**

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

**38-3723662**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, DANIEL E  
1266 LOWER BRIDGE RD.  
CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

Name

**Daniel E. Taylor**

Street Address (P.O. Box Number is Not Acceptable)

**#2 Klamath St.**

City

**Crawfordville**

FL

Zip Code

**32327**

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
TAYLOR, DANIEL E  
2 KLAMATH ST.  
CRAWFORDVILLE FL 32327**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
FERGUSON, CLIFFORD D  
2 KLAMATH ST.  
CRAWFORDVILLE FL 32327**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
LUPER, HELEN  
2 KLAMATH ST.  
CRAWFORDVILLE FL 32327**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

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:**

*Helen Luper*

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

**1-30-06 850-519-0930**

Date

Daytime Phone #