

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065036

Entity Name: DORKUS DESIGNS, L.L.C.

FILED  
Jan 13, 2006  
Secretary of State

**Current Principal Place of Business:**

2502 NE JACKSONVILLE ROAD, SUITE #104  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

9160 NE 12TH COURT  
OCALA, FL 34479

**New Mailing Address:**

FEI Number: 72-1581723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RHOULHAC, SAMUEL  
9160 NE 12TH COURT  
OCALA, FL 34479 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RHOULHAC, ANTIONETTE  
Address: 9160 NE 12TH COURT  
City-St-Zip: Ocala, FL 34479

Title: MGR ( ) Delete  
Name: WOODS, LATANYA P  
Address: 9160 NE 12TH COURT  
City-St-Zip: Ocala, FL 34479

Title: MGR ( ) Delete  
Name: RHOULHAC, SAMUEL  
Address: 9160 NE 12TH COURT  
City-St-Zip: Ocala, FL 34479

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTIONETTE RHOULHAC

MGR

01/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date