

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90270 049 \*\*\*138.75

00018426



01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-3229016  
Applied For  
Not Applicable

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

DOCUMENT # L05000074577  
1. Entity Name  
DOVELIGHT ENTERTAINMENT, LLC

Principal Place of Business  
1405 S. UNIVERSITY DRIVE  
PLANTATION, FL 33324  
Mailing Address  
1405 S. UNIVERSITY DRIVE  
PLANTATION, FL 33324

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

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
ACCU PAY SERVICES, CORP.  
4801 SOUTH UNIVERSITY DRIVE  
SUITE 3000  
DAVIE, FL 33328

7. Name and Address of New Registered Agent  
No  
St ACCU PAY SERVICES CORP.  
1776 N. Pine Island Rd.  
Suite 216  
Ci Plantation, FL 33322  
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]* DATE 3-17-08  
(NOTE: Registered Agent signature required when reinstating)

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				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PADRINO, MARIO			NAME			
STREET ADDRESS	1405 S. UNIVERSITY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOONCE, NATHANIEL C JR.			NAME			
STREET ADDRESS	5205 NW 95TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOONCE, KATHERINE T			NAME			
STREET ADDRESS	5205 NW 95TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PADRINO, NAYADE E			NAME			
STREET ADDRESS	1405 S. UNIVERSITY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* MGRM 3/27/08 954-723-9156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #