## 2006 LIMITED LIABILITY COMPANY

## May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000077031** 05-01-2006 90071 042 \*\*\*\*50.00 DOSSEY ROAD, LLC Principal Place of Business Mailing Address 20041073 P.O. BOX 5287 5150 S. FLORIDA AVENUE, STE. 319 LAKELAND, FL 33813 LAKELAND, FL 33807-5287 2. Principal Place of Business 3. Mailing Address P O Box 5078 Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number Lakeland FL 20-3940119 Not Applicable Zip 33807 Zip □Country Country \$5.00 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENDEL, JOHN F Street Address (P.O. Box Number is Not Acceptable) 225 EAST LEMON STREET STE. 351 LAKELAND, FL 33801 City 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) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Delete TITLE Change Addition WENDEL, ALBERT G NAME NAME 5150 S. Florida Ave., Ste. 225 E. LEMON STREET, STE. 351 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33813 LAKELAND, FL 33801 Delete TITLE ☐ Change ☐ Addition me WENDEL, STEPHEN F NAME STREET ADDRESS 225 E. LEMON STREET, STE. 351 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33801 MGRM ☐ Delete TITLE ☐ Change ☐ Addition WENDEL, JOHN F NAME NAME STREET ADDRESS 225 E. LEMON STREET, STE. 351 STREET ADDRESS LAKELAND, FL 33801 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change [ ] Addition NAME NAME STREET ADDRESS SUBJECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Detete TITLE ☐ Change ☐ Addition

**FILED** 

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

4/29/06 863/648-9626 SIGNATURE: IGER, OR AUTHORIZED REPRESENTATIVE

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