

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000091578

1. Entity Name
DOR-DEV, LLC



Principal Place of Business

1018 LAKE SHORE BOULEVARD
KISSIMMEE, FL 34744 US

Mailing Address

1018 LAKE SHORE BOULEVARD
KISSIMMEE, FL 34744 US



01232008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-3484085

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALLEY & COMPANY, P.L.
1517 E HILLCREST STREET
ORLANDO, FL 32803

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IN THIS SPACE

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEVEREW, DOREEN A
STREET ADDRESS	1018 LAKE SHORE BLVD
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	MGRM
NAME	DEVEREW, KEITH
STREET ADDRESS	1018 LAKE SHORE BLVD
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000802366
02/01/08-80056-010 138.75

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IN THIS SPACE

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:

D. A. Deverew

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

Date

Daytime Phone #