

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90217 033 ****50.00

DOCUMENT # L05000091926

1. Entity Name
DOLLAR INVESTMENT REALTY, LLC



Principal Place of Business
**2735 SANTA BARBARA BLVD., SUITE 201
CAPE CORAL, FL 33914**

Mailing Address
**2735 SANTA BARBARA BLVD., SUITE 201
CAPE CORAL, FL 33914**



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

01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3515032

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WRIGHT, CHRISTINE F ESQ
4427 S.E. 16TH PLACE, E2
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name **Wright, Christine F. Esq.**

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

2735 St. Barbara Blvd. #201

City **Cape Coral** **FL** Zip Code **33914**

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)

2/26/07
DATE

Filing Fee is \$50.00
Due by May 1, 2007

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRES** ☐ Delete
NAME **UNVERRICHT, RICHARD**
STREET ADDRESS **2804 DEL PRADO BLVD. #209-4**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **MGR** ☐ Delete
NAME **DUMAIS, PETRA**
STREET ADDRESS **2804 DEL PRADO BLVD. #209-4**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Petra Dumais
Petra Dumais, Manager 2/14/07