

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000099636

1. Entity Name
LIZ DUNN, LLC



Principal Place of Business
**729 SOUTH FEDERAL HIGHWAY
STUART, FL 34994**

Mailing Address
**729 SOUTH FEDERAL HIGHWAY
STUART, FL 34994**

DO NOT WRITE IN THIS SPACE

02052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
22-4805793

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUNN, LIZ
729 SOUTH FEDERAL HIGHWAY
STUART, FL 34994**

**DO NOT WRITE
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 reappointing)

DATE _____

**Filing Fee is \$60.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
DUNN, LIZ
729 SOUTH FEDERAL HWY
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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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 605, Florida Statutes.

SIGNATURE:

Elizabeth S. Dunn **MANAGER**

3/14/07 772-240-1687

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

Date

Daytime Phone #

FILED
Apr 02, 2007 8:00 am
Secretary of State

02-16-2007 90184 029 ***150.00

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