

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2007 8:00 am
Secretary of State

04-20-2007 90032 048 ****50.00

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DOCUMENT # L05000104710					
1. Entity Name DORALEY LLC					
Principal Place of Business P.O. BOX 698 SAN ANTONIO FL 33576			Mailing Address P.O. BOX 698 SAN ANTONIO FL 33576		
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	4. FEI Number AP-PLIED FOR	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FINORA, GEORGE D 12224 KNOTTY LOOP SAN ANTONIO FL 33576			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent Signature required when registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINORA, G. DOUGLAS P.O. BOX 698 SAN ANTONIO FL 33576 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINORA, ROBIN G P.O. BOX 698 SAN ANTONIO FL 33576 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OAKLEY, RONALD E 16741 OAK GROVE COURT ALVA FL 33920 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OAKLEY, M. LYNN 16741 OAK GROVE COURT ALVA FL 33920 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINORA, PAUL & BRENDA 30446 TREYBURN LOOP WESLEY CHAPEL FL 33543 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, SCOTT & KAREN 6117 DONEGAL DRIVE ORLANDO FL 32819 ☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>G. Douglas Finora</u> 4/0/07 352-567-2577					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					