

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L06000014787

1. Entity Name

LUCKY DAWG PROPERTIES LLC



Principal Place of Business

717 FREELING DR
SARASOTA, FL 34242

Mailing Address

717 FREELING DR
SARASOTA, FL 34242



04072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEEMAN, DAVID A
717 FREELING DR
SARASOTA, FL 34242

**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 reinstating)

DATE

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

U000000896952

04/25/08-80027-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FLEEMAN, DAVID A
STREET ADDRESS	717 FREELING DR
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	PRIMROSE, EDWARD A
STREET ADDRESS	5443 BENT OAK DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	HADDON, ARTHUR JOHN A
STREET ADDRESS	370 GULF OF MEXICO DR #412
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

David Fleeman

DAVID FLEEMAN

4-9-08

941-650-7965

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

Date

Daytime Phone #