

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90015 024 ***138.75

DOCUMENT # L06000081316

1. Entity Name
DOUGERT, LLC



Principal Place of Business
**1608 NW 9TH AVENUE
CAPE CORAL, FL 33993**

Mailing Address
**1608 NW 9TH AVENUE
CAPE CORAL, FL 33993**

60002244



2. Principal Place of Business - No P.O. Box #

4150 Staley Rd
Suite, Apt. #, etc.

3. Mailing Address

4150 Staley Rd
Suite, Apt. #, etc.

01092008 Chg-LLC CR2E083 (12/06)

City & State

Ft Myers FL

Zip
33905

Country
USA

City & State

Ft Myers FL

Zip
33905

Country
USA

4. FEI Number
71-1011088

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALOIA, FRANK J JR.
2250 FIRST STREET
FORT MYERS, FL 33901**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DOUGLAS, WINDLE C
1608 NW 9TH AVENUE
CAPE CORAL, FL 33993** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DOUGLAS, KAREN J
1608 NW 9TH AVENUE
CAPE CORAL, FL 33993** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ECKERT, SARAH B
1608 NW 9TH AVENUE
CAPE CORAL, FL 33993** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**mgrm
Douglas, Windle C
4150 Staley Rd
Ft Myers FL 33905** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**mgrm
Douglas, Karen J
4150 Staley Rd
Ft Myers FL 33905** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**mgrm
Eckert Sarah B
5341 Descanso Circle E,
Colorado Springs CO 80918** ☒ Change ☐ Addition

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

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

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 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:

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

Date

Daytime Phone #

mailed w check #1723

1/16/08