

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90036 038 ****50.00

DOCUMENT # L06000088808

1. Entity Name
DOSTER BROKER GROUP, L.L.C.



Principal Place of Business
**2509 BARRINGTON CIRCLE, SUITE 110
TALLAHASSEE, FL 32308**

Mailing Address
**2509 BARRINGTON CIRCLE, SUITE 110
TALLAHASSEE, FL 32308**



2. Principal Place of Business - No P.O. Box #
526 E. PARK Avenue

3. Mailing Address
P.O. Box 11192

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.

04162007 Chg-LLC CR2E083 (12/06)

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
20-5528342

Applied For
Not Applicable

Zip
32301

Country
LEON

Zip
32302

Country
LEON

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

6. Name and Address of Current Registered Agent

**DOSTER, RUSSELL S
2010 BEAVER CREEK DRIVE
HAVAN, FL 32333**

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 reinstating)

DATE

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

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

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **DOSTER, RUSSELL S**
STREET ADDRESS **2509 BARRINGTON CIRCLE, SUITE 110**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **DOSTER, RUSSELL**
STREET ADDRESS **526 E. PARK AVE, Suite 100**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

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

TITLE ☐ Change ☐ Addition
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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: *Russell S. Doster* **RUSSELL S. DOSTER** **4-16-07**

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

Date

Daytime Phone #

850-566-6203