2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

Secretary of State DOCUMENT # L06000092261 03-20-2007 90144 027 ****50.00 1. Entity Name DOVE CONSULTING AND COUNSELING GROUP, LLC Principal Place of Business Mailing Address 7522 SANTA FE TRAIL P.O. BOX 3567 BAYONET POINT, FL 34667 SPRING HILL, FL 34611 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 Chg-LLC CR2E083 (12/06) City & State City & State 4 FEI Number Applied For 01-0889184 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDDY, VERONICA Street Address (P.O. Box Number is Not Acceptable) 7522 SANTA FE TRAIL BAYONET POINT, FL 34667 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE Change Addition EDDY, VERONICA NAME NAME P.O. BOX 3567 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34611 CITY-ST-ZIP **MGRM** ☐ Addition TIT1 F ☐ Defete TITLE ☐ Change GONZALEZ CORONADO, SANDRA BA NAME NAME P.O. BOX 3567 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP SPRING HILL, FL 34611 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Mar 20, 2007 8:00 am

☐ Change

☐ Change

■ Addition

☐ 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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE (LITOTUCA) Eddy MGRM (VERONICA EDDY)3-15-07 247-79