

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014313

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: W C DOW & ASSOCIATES, LLC

**Current Principal Place of Business:**

13920 WILLISTON WAY  
NAPLES, FL 34119

**New Principal Place of Business:**

4 LONG RIDGE LANE  
IPSWICH, MA 01938

**Current Mailing Address:**

13920 WILLISTON WAY  
NAPLES, FL 34119

**New Mailing Address:**

4 LONG RIDGE LANE  
IPSWICH, MA 01938

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOW, WILLIAM C  
13920 WILLISTON WAY  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOW, WILLIAM C  
Address: 13920 WILLISTON WAY  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: CONNOLLY, JOHN  
Address: 114 MEADOW ROAD  
City-St-Zip: BUFFALO, NY 14216

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM C DOW

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date