

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90087 048 ***138.75

DOCUMENT # L07000027725

1. Entity Name
2525 DOBBS ROAD REALTY, LLC



Principal Place of Business
2525 DOBBS ROAD
ST. AUGUSTINE, FL 32086-5258

Mailing Address
2525 DOBBS ROAD
ST. AUGUSTINE, FL 32086-5258

60017553



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

3. Mailing Address

18 Black Flats Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Dennis, Ma.

4. FEI Number
016-52-0747

Applied For
Not Applicable

Zip Country

Zip Country

02638

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, RICHARD Q III
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

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

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME STOCCHETTI, DAVID
STREET ADDRESS 2525 DOBBS ROAD
CITY-ST-ZIP ST. AUGUSTINE, FL 320865258

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *David Stocchetti* 3/21/08 508-385-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #