

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090710

FILED
May 20, 2009
Secretary of State

Entity Name: DOBLER MECHANICAL, LLC

Current Principal Place of Business:

1849 KIM ACRES LANE
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

1849 KIM ACRES LANE
DOVER, FL 33527 US

New Mailing Address:

FEI Number: 26-3432533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 US

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: DOBLER, JOHN P
Address: 1849 KIM ACRES LANE
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: DOBLER, KIMBERLY
Address: 1849 KIM ACRES LANE
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: DOBLER, JOHNATHAN
Address: 1849 KIM ACRES LANE
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: DOBLER, JORDAN
Address: 1849 KIM ACRES LANE
City-St-Zip: DOVER, FL 33527 US

ADDITIONS/CHANGES:

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

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

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: JOHN DOBLER

MANA

05/20/2009

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