

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

L9600000091

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 19 PM 1:11

30004433



02/06/08 80033 011 \$138.75
04152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L96000000091

1. Entity Name
DIRT DOGS, L.C.



Principal Place of Business
2173 PLATINUM ROAD
APOPKA, FL 32703

Mailing Address
2173 PLATINUM ROAD
APOPKA, FL 32703

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3361247

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIRT DOGS LLC
145 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name Richard A. Quinn
Street Address (P.O. Box Number is Not Acceptable)
145 North Magnolia Avenue
City Orlando FL Zip Code 32801

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] DATE 4/15/08
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P QUINN, RICHARD A 538 ALOKEE CT LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE 4/15/08 DAYTIME PHONE # 407-880-0830
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE