

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # L97000000023

1. Entity Name
DAHLMAN PROFESSIONAL CENTER, L.C.



Principal Place of Business
**14 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940**

Mailing Address
**14 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940**



01142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3417008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KING, SHIRLEY
14 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KING, SHIRLEY
14 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAHLMAN, DENNIS
14 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BACCUS, SHIRLEY
14 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000189525
01/24/05-80097-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Shirley P. King Shirley P. King 1/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day the Filing is