

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90376 047 ****50.00

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**

60049254



01032007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Shirley P. King

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

1.8.07

Date

321.242.8080

Daytime Phone #

60049254



Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the
annual report form.

This information cannot be changed on the report.	
Document Number	L97000000023
Business Entity Name	DAHLMAN PROFESSIONAL CENTER, L.C.
Original File Date	01/02/1997

FEI Number 59-3417008

Principal Address 14 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940

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

Registered Agent SHIRLEY KING
14 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940 US

Managing Member/Manager Name And Address

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

MGRM
DENNIS DAHLMAN
14 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940

MGRM
SHIRLEY BACCUS
14 SUNTREE PLACE, SUITE 101
MELBOURNE, FL 32940

If all of the above
information is correct and
you do not wish to make

If you need to make
changes to the above
information, please