

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90124 003 \*\*\*138.75

**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

60027240



01042008 No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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:** \_\_\_\_\_

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

Date

Daytime Phone #