

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000158

1. Entity Name

JOHN A. DOLAN ASSOCIATE, L.L.C.



FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

120 EAST 9TH AVE., STE 3  
RUNNEMEDE NJ 08078

120 EAST 9TH AVE., STE 3  
RUNNEMEDE NJ 08078

2. Principal Place of Business

140 West Broad St

3. Mailing Address

140 West Broad St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gibbstown NJ

City & State

Gibbstown NJ

Zip

08027

Country

~~USA~~

Zip

08027

Country

4. FEI Number 22-3752425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOLAN, JOHN A  
116 SEAGRAPE DRIVE  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name Dolan, John A

Street Address (P.O. Box Number is Not Acceptable)

3206 Bellows Court

City middleburg

FL

Zip Code

32068

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

*John A Dolan*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10-21-03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME DOLAN, JOHN A  
STREET ADDRESS 120 EAST 9TH AVE., STE 3  
CITY-ST-ZIP RUNNEMEDE NJ

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

3206 Bellows Court  
middleburg FL 32068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

*John A Dolan*

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

10/21/03 856-468-8636

Date

Daytime Phone #

CR2E083 (4/03)