LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *MO1000002339*

1. Entity Name
Dolly's Place, LLC

DO NOT WRITE IN THIS SPACE

9 8 0 7 2 0

2. Principal Place of Business	3. Mailing Address	
24375 NE Highway 314	*P.O. Box 5108*	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. *N/A*	Suite, Apt. #, etc. *N/A*	

City & State *Salt Springs, FL*	City & State *Salt Springs, FL*	4. FEI Number *88-0493297*	Applied For / Not Applicable
Zip *32134*	Country *USA*	Zip *32134*	Country *USA*

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

7. Name and Address of Current Registered Agent

Name *Judyth Vansteen*

Street Address (P.O. Box Number is Not Acceptable) *24375 NE Highway 314*

DO NOT WRITE IN THIS SPACE

City *Salt Springs*   FL   Zip Code *32134*

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.

SIGNATURE *Judyth Vansteen, Gel. Mgr.*   DATE *9-11-02*

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9.   MANAGING MEMBERS / MANAGERS

TITLE	*MMBR*	TITLE	
NAME	*Forest Ventures*	NAME	
STREET ADDRESS	*c/o 711 So. Carson St., Ste. 4*	STREET ADDRESS	
CITY-ST-ZIP	*Carson City, NV 89701*	CITY-ST-ZIP	
TITLE	*MMBR*	TITLE	
NAME	*Hob Nob Enterprises,*	NAME	
STREET ADDRESS	*c/o 711 So. Carson St., Ste. 4*	STREET ADDRESS	
CITY-ST-ZIP	*Carson City, NV 89701*	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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: *Judyth Vansteen, Signatory for Hob Nob Enterprises, Mgr.*   Date *9-11-02*   Daytime Phone # *352-685-8648*

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