

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004524

1. Entity Name
DOMINION PROPERTY SERVICES LLC



Principal Place of Business
**11216 TAMiami TR., N. #407
NAPLES, FL 34110**

Mailing Address
**11216 TAMiami TR., N. #407
NAPLES, FL 34110**



07032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
77-0637629

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**STEIN, CHRIS
11216 TAMiami TR., N. #407
NAPLES, FL 34110**

**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

N/A
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 September 6, 2006**

U000000569891
07/13/06-80007-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEIN, CHRIS 11216 TAMiami TR., N. #407 NAPLES, FL 34110
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**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:

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

Date

Daytime Phone #

7/3/06 800-435-9217