

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90009 029 ***143.75

DOCUMENT # M07000003446

1. Entity Name
DOTHAN MANUFACTURED HOUSING, L.L.C.



Principal Place of Business
**5125 MONTGOMERY HIGHWAY
DOTHAN, AL 36303**

Mailing Address
**5125 MONTGOMERY HIGHWAY
DOTHAN, AL 36303**

50009122



2. Principal Place of Business - No P.O. Box #
2730 Ross Clark Circle

3. Mailing Address
2730 Ross Clark Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102008 Chg-LLC CR2E083 (12/06)

City & State
DOTHAN, AL

City & State
DOTHAN, AL

4. FEI Number
63-1246748

Applied For
Not Applicable

Zip
36301

Country
US

Zip
36301

Country
US

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

6. Name and Address of Current Registered Agent

**SCROGGINS, WANDA
1445 EARL GILBERT ROAD
CHIPLEY, FL 32428**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SLAY, CAREY
5125 MONTGOMERY HIGHWAY
DOTHAN, AL 36303**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/5/08 334-618-2161