

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000111334

**Entity Name:** DORA PROPERTIES, LLC

**Current Principal Place of Business:**

6089 SCHALEKAMP DRIVE  
SPRING HILL, FL 34609

**Current Mailing Address:**

6089 SCHALEKAMP DRIVE  
SPRING HILL, FL 34609

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIVINGSTON, BANCROFT JR  
6089 SCHALEKAMP DRIVE  
SPRING HILL, FL 34609 US

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

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                         |                 |                          |
|-----------------|-------------------------|-----------------|--------------------------|
| Title           | MANAGER                 | Title           | MANAGER                  |
| Name            | LIVINGSTON, BANCROFT JR | Name            | LIVINGSTON, DARLENE ANNE |
| Address         | 6089 SCHALEKAMP DRIVE   | Address         | 6089 SCHALEKAMP DRIVE    |
| City-State-Zip: | SPRING HILL FL 34609    | City-State-Zip: | SPRING HILL FL 34609     |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BANCROFT LIVINGSTON, JR.

**MANAGER**

**03/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date