

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000132531

Entity Name: DAWKINS PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

3550 ESPLANADE WAY #2105
TALLAHASSEE, FL 32311

FILED
Sep 05, 2020
Secretary of State
4479904004CC

Current Mailing Address:

3550 ESPLANADE WAY #2105
TALLAHASSEE, FL 32311 US

FEI Number: 82-1935704

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DAWKINS-MILLER, WILLIE
3550 ESPLANADE WAY #2105
TALLAHASSEE, FL 32311 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 MGR
Name MILLER, WILLIE DAWKINS
Address 3550 ESPLANADE WAY #2105
City-State-Zip: TALLAHASSEE FL 32311

Title MGR
Name DAWKINS, CHARLES
Address 323 SUNDAY ROAD
City-State-Zip: CHATTAHOOCHEE FL 32324

Title MEMBER
Name DAWKINS-ELIAS, IRENE
Address 710 S.LOVE STREET
City-State-Zip: QUINCY FL 32351

Title MEMBER
Name DAWKINS, DOROTHY
Address 5323 BONNIE HILL ROAD
City-State-Zip: CHATTAHOOCHEE FL 32324

Title MEMBER
Name DAWKINS, CALVIN
Address 303 AFRICAN STREET
City-State-Zip: CHATTAHOOCHEE FL 32324

Title MEMBER
Name DAWKINS, LOUISE
Address 5323 BONNIE HILL ROAD
City-State-Zip: CHATTAHOOCHEE FL 32324

Title MEMBER
Name DAWKINS, BENJAMIN NORRIS
Address 174 GRANT STREET
City-State-Zip: CHATTAHOOCHEE FL 32324

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: WILLIE DAWKINS MILLER

**MANAGING
MEMBER/MANAGER**

09/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date