

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000067351

Entity Name: DOSE OF DO, LLC.

Current Principal Place of Business:

12701 POLLY PLACE
TAMPA, FL 33625

Current Mailing Address:

12701 POLLY PLACE
TAMPA, FL 33625 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARILE, STEVE
9301 RIVER COVE DR
RIVERVIEW, FL 33578 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 MGRM
Name DO, AMY
Address 12701 POLLY PLACE
City-State-Zip: TAMPA FL 33625

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: DO , AMY

02/04/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date