

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000051479

Entity Name: DOTREMZ L.L.C.

Current Principal Place of Business:

6415 SILK LEAF LANE
JACKSONVILLE, FL 32244

Current Mailing Address:

6415 SILK LEAF LANE
JACKSONVILLE, FL 32244 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ODUNLAMI, ADEDOTUN A MR.
6415 SILK LEAF LANE
JACKSONVILLE, FL 32244 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	Title	MGR
Name	ODUNLAMI, ADEDOTUN A MR.	Name	ODUNLAMI, ADEREMILEKUN A MRS.
Address	6415 SILK LEAF LANE	Address	6415 SILK LEAF LANE
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 32244

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: ADEDOTUN ODUNLAMI

MR

03/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date