

**2015 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:** Yes

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

Title MGR  
Name ODUNLAMI, ADEREMILEKUN A MRS.  
Address 6415 SILK LEAF LANE  
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:** ODUNLAMI ADEDOTUN A

MR.

03/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date