

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000042242

**Entity Name:** DOSE OF DESIRES LLC

**Current Principal Place of Business:**

523 SW 147 AVE  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

7958 PINES BLVD  
#454  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 81-1702584

**Certificate of Status Desired:** No

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

BAUMAN, DAVID M  
6550 N FEDERAL HIGHWAY  
STE 220  
FT. LAUDERDALE , FL 33308 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:** DAVID BAUMAN

12/24/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MICHELLE, CAROLUS J  
Address        523 SW 147 AVE  
City-State-Zip:   PEMBROKE PINES FL 33027

Title           CEO  
Name           MIRIAM, CAROLUS J  
Address        2516 CENTERGATE DR  
                  APT 208  
City-State-Zip:   PEMBROKE PINES FL 33025

*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:** MICHELLE CAROLUS

MANAGER

12/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date