

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000006943 1. Entity Name DADYO INVESTMENTS, LLC	
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Principal Place of Business 330 LINCOLN ROAD MIAMI BEACH, FL 33139	Mailing Address 330 LINCOLN ROAD MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



06062008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1105797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HESS, THOMAS J 1401 BRICKELL AVENUE STE. 825 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

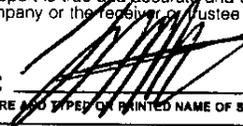
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

06/11/08-80002-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTRO, EDUARDO C/O 1401 BRICKELL AVENUE, SUITE 825 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  **Authorized Rep** 06 JUNE 08 305/373-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #