# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 24, 2009**
**Secretary of State**

DOCUMENT# L01000020583

**Entity Name:** D.T.O. DEVELOPMENT, LLC

**Current Principal Place of Business:**

61 W COLONIAL DR
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

61 W COLONIAL DR
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number: 04-3586400** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHOEMAKER, JOHN B
61 W COLONIAL DR
ORLANDO, FL 32801 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete
Name: SHOEMAKER, JOHN B
Address: 61 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition
Name: KODSI, ALBERT
Address: 61 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

Title: VPT ( ) Change (X) Addition
Name: COHEN, ODED
Address: 61 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

Title: V ( ) Change (X) Addition
Name: KODSI, STEVE
Address: 61 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ODED COHEN VPT 04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date